BLENDING MEDI-CAL INTAKE AND CONTINUING ELIGIBILITY: THE SAN FRANCISCO STYLE

Lydia Romeo*

Executive Summary

INTRODUCTION

Equitable work distribution, adequate bilingual staffing, manageable caseloads, the never-ending changes in program regulations, and preparing for the implementation of CalWIN are some of the issues we are now facing in the midst of dubious budgetary times. This is an opportunity to address some internal issues that are key to strengthening our day-to-day operations in the provision of basic services as well as fulfilling our commitment to and investment in the implementation of CalWIN.

BLENDING FUNCTIONS

The City and County of San Francisco Department of Human Services has chosen to see the glass half full and take the opportunity to look inward and examine the way it does business and prioritize the work it does and how it is done. Therefore, the time is now to look at internal processes and identify what is working, fill the gaps, and strengthen the processes that are not working efficiently or effectively.

San Francisco decided to blend Medi-Cal Intake and Continuing Eligibility Worker functions as a way to respond to the concerns that were generated by staff about operational issues and the constant changes in Medi-Cal regulations. The blending plan developed by a committee of stakeholders is to equitably distribute both new applications and continuing cases to workers; the plan also fits in with the overall implementation plan for CalWIN. Two process options were also identified in the plan. Both options would feature a combination intake and continuing caseload for each worker. The first option would be for all intakes (new applications) to be transferred after approval to a random worker in a "buddy" unit. The second option would be for each worker to keep the same case from intake to continuing.

IMPLICATIONS FOR SANTA CLARA COUNTY

Although this case study focuses on San Francisco's uniqueness, the pay-off includes the ability to shift staff resources to meet client and program needs, such as responding to backlogs, peaks and dips in service delivery; maximizing bilingual staff capability; an integrated, seamless service delivery system; and manageable caseloads, which improves staff morale.

Specifically, I recommend that the agency explore the potential of blending functions and consider the following critical questions:

- How might the blending of functions affect clients and staff? What issues will the unions have with a blended model?

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- Are there sufficient training and staff development resources to support a conversion of this magnitude?

- What is the appropriate caseload size for a blended eligibility function?

RECOMMENDATIONS

County of Santa Clara should:

- Encourage the CalWIN implementation strategy work group to seriously consider and explore the blending function option to establishing the "tobe" system under CalWIN.
- Establish a team of benefits staff and all stakeholders to ensure that all aspects of blending/combining are evaluated and that options are thoroughly explored. Team members should include benefits workers (eligibility workers), clerical staff, program staff, CalWIN and information systems representatives, management, and labor.

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INTRODUCTION: THE TIME IS NOW

Equitable work distribution, adequate bilingual staffing, manageable caseloads, the never-ending changes in program regulations, and preparing for the implementation of Ca1WIN are some of the issues we are now facing in the midst of dubious budgetary times. This is an opportunity to address some internal issues that are key to strengthening our day-to-day operations in the provision of basic services as well as fulfilling our commitment to and investment in the implementation of CalWIN. I believe that we have chosen to see the glass half-full and to take the opportunity to look inward and examine the way we do business and prioritize the work we do and how we do it. Therefore, the time is now to look at our internal processes and identify what is working, fill the gaps, and strengthen the processes that are not working efficiently or effectively. This is also an opportunity to focus our energy on the commitments and investments we have made thus far and to look inward for creative solutions to operational and regulatory program changes.

The purpose of this case study is to report how and why the City and County of San Francisco made the decision to blend intake and continuing eligibility worker functions. By sharing knowledge and lessons learned, recommendations may be developed to assist Santa Clara County Social Services Agency in exploring the possibility of blending functions.

The case study is based upon interviews with staff members, supervisors, program analysts, and managers. A brief background of the issues, desired results, and implementation of blending functions will be followed by an examination of the process, options, and considerations for blending functions.

BACKGROUND: FROM PROS AND CONS TO EXPLORING THE OPTIONS TO BLENDING FUNCTIONS

The City and County of San Francisco Department of Human Services decided to take a methodical approach to blending Medi-Cal Intake and Continuing Eligibility Worker functions as a way to address the issues and challenges mentioned in the introduction of this study. Blending functions was the solution that a committee of stakeholders came up with after meeting periodically from May through September 2001. This group identified and discussed the pros and cons, solicited staff input and opinions, identified issues and solutions, and, finally, developed a plan for blending/combining functions.

San Francisco's proposed plan is to equitably distribute both new applications and continuing cases to most of the workers at the Medi-Cal Health Connections centralized office on Harrison Street, all of whom would perform both sets of duties. This plan was developed to also respond to the concerns that were generated by staff about operational issues and the changes in Medi-Cal regulations. The plan also fits in with the overall implementation plan for CalWIN.

ISSUES EQUAL OPPORTUNITIES FOR SOLUTIONS

Operational Issues:

- **Bilingual Coverage in Intake:** Currently, the overall number of bilingual eligibility workers appears to be sufficient to meet the language needs of the client population. However, the number of bilingual workers available to take new applications is often inadequate. Frequently, bilingual staff members are called upon as interpreters to assist monolingual intake workers to process their assigned applications. This means that there are two workers doing the job of one, with the bilingual worker taken away from his or her primary duties. **Solution**: To distribute both new and continuing cases to all "regular" eligibility staff. Desired Result: More efficient bilingual coverage, with bilingual workers always available to be assigned intake cases.

- **Perceived Inequity in Work Distribution:** Having the two functions, intake and continuing, separate can lead to employees' perception of inequity in work distribution. Tensions may arise when each group compares their duties with the other. Solution: Workers perform both intake and continuing casework functions. **Desired Result:** Elimination of perceived inequity by distributing caseloads in a different manner.

- **Conflicts and Friction:** Intake workers control their workflow by moving cases on to continuing workers once eligibility in a case is established. Continuing workers receive the cases from Intake but may reject cases according to established criteria. Case rejection conflicts consume far too much time and energy, decreasing a worker's ability to respond to clients needs. At times, rifts can occur between workers and between workers and supervisors, with some staff perceived as being "too picky" or "too technical." This results in Intake workers sometimes carrying cases to avoid case rejection. Usually supervisors can come to an agreement on rejected cases, but the process is time-consuming. Solution: All

workers perform both intake and continuing functions, and accept transferred cases between "buddy" units. **Desired Result:** The development and adherence to consistent case standards.

CHANGES IN MEDI-CAL REGULATIONS

- **Elimination of Quarterly Status Reports:** Reviewing status reports and taking the appropriate action on them used to take up a third of a continuing worker's time every month. This task also provided a major opportunity for regular, direct interaction with clients. The result has been a shift in continuing workers' activities to more technical, data entry, and clerical maintenance duties. **Solution**: Workers are directly involved in all aspects of eligibility casework from the initial intake through continuing casework. **Desired Result:** With a smaller Continuing caseload, workers are able to maintain fuller knowledge of cases and their clients, providing a high quality of client service delivery.
- **Elimination of Face-to-Face Interviews:** The elimination of face-to-face interviews for both new (intake) and renewal of eligibility determinations has added new factors to these traditional functions. Mail-in applications are found to be rarely accompanied by full documentation. Generally, these applications take longer to process due to the need to wait for additional follow-up information. Intake work has become more like continuing work, with the need to be in constant client contact in an effort to follow up and clarify information. At the same time, continuing workers now have little opportunity to have direct client contact. The nature of their job has shifted with less emphasis on the clients but more on technical and the required clerical tasks. This shift is concurrently occurring with the statewide efforts to address the need to eliminate "welfare stigma" and to attract more clients to participate in health care programs. Workers need to be supported in their efforts to provide quality client service delivery. **Solution:** Workers able to provide full service to their clients, both intake and continuing casework. **Desired Result:** Holistic client service delivery.
- **Medi-Cal for Children and 1931 (b) Programs:** Large numbers of families are applying and qualifying for these programs. Fortunately, the application for Medi-Cal for Children requires fewer verification requirements and is quick and relatively easy to process. A substantial number of parents of these children contact their children's worker a month or so after approval requesting health coverage for themselves. The addition of parental coverage requires a process by Continuing workers that equates to processing a full intake. **Solution (Natural Result):** Workers are comfortable and experienced in both intake and continuing casework. **Desired Result:** Shorter processing time for intakes and better client service delivery.

EXPLORING THE OPTIONS WITHIN ‘BLENDING’

The committee identified two process options in the plan. Both options would feature a combination intake and continuing caseload for each worker. The first option would be for all intakes (new applications) to be transferred after approval to a random worker in a "buddy" unit. The second option would be for each worker to do their own intakes on rotation and maintain these same cases as part of their continuing casework; that is, the worker would keep the same case from intake to continuing.

- **Option One:**

  Since staff tends to pay better attention to casework details when they know someone else is reviewing their cases, having "another set of eyes" allows for a high degree of quality and fraud control. In addition, administrative errors in eligibility can be caught sooner. This process also aids in the expansion of program knowledge. The creation of "buddy" units will foster an atmosphere of collaboration.

- **Option Two:**

  Each worker would maintain the same case from intake to continuing, allowing a greater degree of continuity and depth of knowledge on each case. The issue of case rejection and inter-unit conflict would be eliminated. In addition, having workers keep their intake cases eases logistical burdens that the clerical staff now face in the daily transferring of cases.

  For clients, having the same initial worker keep the case allows for more continuity of service. Also, the state's change of policies and procedures in recent years to favor enrollment and retention (e.g., the implementation of SB 87) is more conducive to having the same worker conduct the intake and carry the case. With the same worker in contact with the client from the start, a high degree of client service delivery and satisfaction is expected.

  Concerns that an individual unit may develop its own interpretations of policy and procedures without any external review can be addressed by creating an internal Quality Control Unit (QCU) to perform this function.

THE EXCEPTIONS

- Some worker caseloads will continue to be "specialized" for optimal client service, i.e., sensitive services, etc. and will not be included in the blending/combining effort.
- Outstationed intake workers will not participate in combining functions; these workers will transfer their cases to a "continuing" worker after the first renewal (which occurs at 12 months) or will transfer their specialized cases to the appropriate worker after the initial certification (eligibility determined).

THE BENEFITS TO BLENDING ...

By implementing the proposed blending plan to combine/blend intake and continuing functions, the committee believed that the following goals would be achieved:

- Improved services to our expanding client base
- Staff and program are better prepared for Ca1WIN
- Establish consistent procedures and policies
- Improve communication with staff and clients
- Ensure equitable distribution of work and language staff capability

THE ROAD TO IMPLEMENTATION ...

Currently, San Francisco is in the midst of converting and redistributing caseloads to the newly formed blended units of workers. The plan for conversion started with two (potentially "buddy") units at a time, both intake and continuing, until all the nine units have been fully converted. This staged conversion rate will allow the clerks enough time to process transferring the continuing cases to intake workers at a reasonable rate. At this time, outstationed and special function units, and integrated intake are not part of the conversion process.

A daylong in-service training was provided to bring both intake and continuing workers up-todate on all aspects of both functions. To fully prepare workers, a period of "shadowing" was also part of the training offered. With the changes in Medi-Cal regulations, workers in both functions already have a great deal of experience in intake and continuing casework, therefore training is for the purpose of familiarizing staff with the operational and procedural changes, not to train eligibility criteria and determination.

Once the blending plan is in place, an English/bilingual mix of about 300 cases per worker will be assigned. This number will fluctuate over time depending upon the number of intakes, discontinuances, and cases transferred to special function units. Bilingual workers would receive English cases to even out the number of cases assigned to each participating worker. While the bilingual cases will have priority in assignment, the goal will be for each bilingual worker to have an approximately equal number of English and bilingual cases. There will be no cut in bilingual pay.

One of San Francisco's basic tenets in this new process will be the foregoing of "rejection rights" during the initial "mass" transfer of cases between units.

Once all the units have been up and running for a full six months, an evaluation will be conducted for the purpose of "fine-tuning" the new system. The plan calls for the conversion and nine blended units to be fully completed by mid-June 2002.

Intake Rotation Svstem:

San Francisco's current intake system is based on a self-assigned computer system utilizing an Excel spreadsheet that is monitored for compliance by the Supervisor of the day. There is some discussion about designing something different such as the model cited below.

Eligibility workers will be sorted into three groups:

26 monolingual English-speaking workers
18 bilingual Spanish-speaking workers
17 bilingual Cantonese/Mandarin-speaking workers

Monolingual English-speaking workers will be divided into 2 sub-groups:

Group I -- 13 workers

Group II -- 13 workers

Monolingual English-speaking workers will interview English-speaking applicants. When every monolingual worker in Group I has seen one applicant in the same day, the next English-speaking applicant will be seen by a bilingual worker who has not seen any applicants that day. Once all bilingual workers have seen one applicant in the same day, a monolingual worker in Group II will see the next English-speaking applicant.

The bilingual worker's first responsibility is to interview non-English speaking applicants and process the application. If the last monolingual application on a given day is assigned to a bilingual worker, on the following workday, the next Monolingual worker on the rotation list will see the first English-speaking applicant.

CONCLUSIONS

I embarked upon this project believing that Santa Clara County could use this time of fiscal uncertainty to look inward and strengthen or streamline processes in an effort to continue to serve clients and families in the best and effective manner possible, as well as to address operational and staffing challenges, and to help us prepare for the implementation of CalWIN.

The San Francisco blending plan and model is a "work in progress". It is too soon to evaluate the effectiveness of the new blended process since implementation began only two weeks ago. It will be interesting to see how blending functions ensures that language capability is available at Intake and what system will be adopted to assist in assigning intakes. I was somewhat disappointed that San Francisco did not choose "option two", which means that intakes will not stay with the worker who determined eligibility; instead, the case will be transferred to another worker in another unit. I feel that the consistency and continuity provided by having only one worker would benefit the clients/families served by providing a seamless array of services in the least intrusive and holistic approach. I hope San Francisco will rethink the one-worker blended/combined function and address fraud prevention in a different way.

IMPLICATIONS FOR SANTA CLARA COUNTY

San Francisco's blending of functions is a "work in progress" that is intended to address a number of operational and regulatory concerns, as well as meet the CalWIN implementation plan that is unique and specific to the needs and concerns of San Francisco. Although this case study focuses on San Francisco's uniqueness, the pay-off includes the ability to shift staff resources to meet client and program needs, such as responding to backlogs, peaks and dips in service delivery; maximizing bilingual staff capability; an integrated, seamless service delivery system; and manageable caseloads, which improves staff morale.

It may be prudent to further study the potential of blending of eligibility functions, which is quite a departure from Santa Clara County's current model of separate intake and continuing functions and will require careful consideration. Some critical areas to consider:

How might the blending of functions affect clients and staff? What issues will the unions have with a blended model? Are there sufficient training and staff development resources to support a conversion of this magnitude? What is the appropriate caseload size for a blended eligibility function?

RECOMMENDATIONS

County of Santa Clara should:

- Encourage the CalWIN implementation strategy work group to seriously consider and explore the blending function option to establishing the "tobe" system under CalWIN.
- Establish a team of benefits staff and all stakeholders to ensure that all aspects of blending/combining are evaluated and that options are thoroughly explored. Team members should include benefits workers (eligibility workers), clerical staff, Program staff, CalWIN and information systems representatives, management, and labor.

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