

Final Report:

Washington Department of Early Learning Child Care Eligibility System

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Submitted to:

RaShelle Davis, Contract Manager
Department of Early Learning

Submitted by:

Aclara Group, LLC

Authors:

Kirsten Smith, MPA, MA, PMP
Alicia Koné, MPA

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I. EXECUTIVE SUMMARY

The Aclara team, comprised of the Aclara Group and the Urban Institute with lean six-sigma expertise from the Southern Institute on Children and Families, is pleased to present this final report to the State of Washington's Department of Early Learning (DEL). This report includes an evaluation and recommendations for business process improvements to the Child Care Subsidy Program (CCSP) eligibility functions.

BACKGROUND

DEL is the lead agency for the federal Child Care and Development Fund (CCDF), and is responsible for the administration of the Working Connections Child Care (WCCC) and Seasonal Child Care (SCC) programs, jointly called the Child Care Subsidy Program (CCSP). DEL establishes child care subsidy policy and oversees quality initiatives and child care licensing. Among other programs, DEL also administers the Early Childhood Education and Assistance Program (ECEAP) and Head Start program for the State.

DSHS manages CCSP client eligibility processes and provider payments through a service level agreement with DEL. DSHS also manages eligibility processes for Washington's other work support programs, including Medicaid, the Supplemental Nutrition Assistance Program (SNAP) (called Basic Food in Washington), and the Temporary Assistance for Needy Families (TANF) program (called WorkFirst in Washington).

The State implemented a two-agency approach to CCSP management when DEL was formed in 2006 to leverage DSHS' expertise in eligibility processes while centralizing all early childhood care and education policy with the newly founded DEL. Within DSHS, CCSP eligibility processes are specialized because of the many perceived policy differences between CCSP and other "work support" programs, such as Medicaid/CHIP, SNAP and TANF. Specialization means a subset of eligibility staff focus solely on CCSP. CCSP eligibility staff do not determine eligibility for other work support programs, and generalized eligibility workers do not determine eligibility for CCSP.

Historically, concerns about access to subsidies in order to support parents' work and self-sufficiency was seen as separate from conversations about quality in early childhood education. That is no longer the case. It is clear that supporting work and economic stability for a family also supports child development, and providing stable subsidies and systems for providers is also supporting quality.¹ This new perspective

¹ Gina Adams, Monica Rohacek, Kathleen Snyder, "Child Care Voucher Programs: Provider Experiences in Five Counties," The

on the need to balance these goals reflects a national movement towards streamlining and simplification. While in the past, there was a tendency to focus on enforcement and strict calibration between time in care and time parents are in an approved activity, there has been a growing understanding nationally that this approach doesn't support the overarching goals of child development, work support, and program integrity.

PURPOSE

Child care subsidy eligibility processes face many challenges in Washington State. DEL and DSHS mutually recognize that families are not being well served in the current approach. As Washington focuses on the eligibility processes and systems, it is experiencing what many other state agencies throughout the country are – frustration with not being able to connect families to benefits more efficiently and effectively. Washington is struggling to efficiently authorize child care subsidy benefits while accurately determining household eligibility.

DEL contracted with the Aclara team to analyze business processes, define the problems within the system, and recommend improvements using a lean management lens to define the cost effectiveness and efficiency impact of these process changes. The Washington Legislature required DEL to contract with an independent consultant to: *“...evaluate and recommend the optimum system for the eligibility determination process. The evaluation must include an analysis of lean management processes that, if adopted, could improve the cost effectiveness and delivery of eligibility determination. The department (DEL) shall coordinate with the department of social and health services for this evaluation.”* (3ESHB 2127.PL, p. 222, line 31, subsection (9)(b))

The December 2011 report to the Washington Legislature defines child care subsidy business process problems that this project is intended to address, including:

- **Inconsistency** – clients have different experiences based on worker or region. Program rules are not applied consistently.
- **Access** – clients do not have adequate access to child care eligibility workers to apply, reapply, report changes, or ask questions. In person access channels are very limited, and call wait times are lengthy, causing hardship for working families with limited time during regular business hours and with limited cell phone minutes.
- **Verification** – verification requirements are burdensome for families.

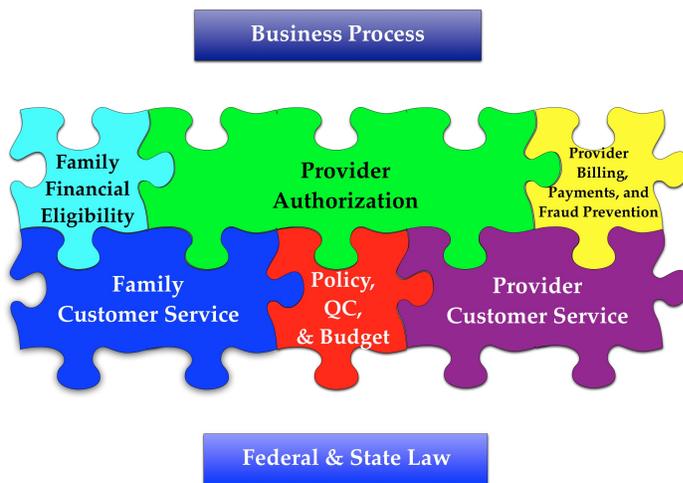
DEL and DSHS are seeking to improve business processes as a first step in its efforts to improve program outcomes and customer service. The State wants to determine how to most effectively and efficiently connect families to child care subsidies, and then automate to support these goals. Washington also seeks information to inform a decision about where to locate eligibility services – meaning whether the current approach should be maintained with improvement or whether eligibility services might be improved if an alternative approach, such as transferring child care subsidy service delivery from DSHS to DEL, should be

considered.

The “ecosystem”- or multiple functions- required for child care subsidy eligibility and authorization is large and relatively complicated. Unlike other assistance programs, like Medicaid, child care subsidy eligibility determination, provider authorization, billing and payment are commonly handled by one person or position. As illustrated in Figure 1, the typical functions that must be performed by a child care subsidy agency include tasks related primarily to families, like determining financial eligibility, authorizing provider payments, and providing ongoing customer service to participating families. It also includes functions that primarily concern providers, like provider payments and fraud prevention, ongoing provider customer service, and provider authorization, especially for licensed exempt providers who must go through a few additional steps to be authorized. Another piece of the puzzle involves state law and policy, quality control and program integrity, and oversight of the budget. In some states one agency handles all of the related functions, but organizes the work in different ways. Other states contract with community organizations for many or all of the customer service functions.

It is important to note that unless one worker is doing all aspects of the system (requiring a truly “super” worker) there will be seams between functions that are handled by different work units. Regardless of how the puzzle pieces fit together in the state’s system, what’s important from a lean perspective is the business process is organized so there are as few hand-offs as possible between functions. When hand-offs must occur, communication between functional units should be easy and reliable and shouldn’t depend on the client responding to a request as a first resort.

Figure 1: Child Care Subsidy Eligibility Ecosystem



The focus of our assessment was on the functions related to family financial eligibility and customer service. Provider authorization is the final step in completing an application, so we also considered it in the scope of our study. That function clearly overlaps with the provider functions because providers must be authorized in order to be paid.

While the Aclara Team worked closely with DEL and DSHS on this assessment, we learned that in addition to concerns about

ensuring eligible parents could access CCSP, DEL is also placing a priority on parent choice of high-quality care, and on supporting providers. These issues are not systemically included as a major focus of the analysis because they are not included in the scope of this project, but we included them to the extent possible using Aclara team knowledge from other states.

Both DSHS and DEL have displayed a strong commitment to enhancing the child care subsidy system so it better serves CCSP clients. Seeking to support access, client service, work/self-sufficiency, quality in child care, and program integrity goals at the same time is a large undertaking. DEL and DSHS should be commended for their efforts in grappling with these complex issues during a time of strained staff resources and other budget pressures.

SUMMARY OF ASSESSMENT RESULTS

After completing our assessment through site visits and interviews with staff, and analysis of administrative data provided by DSHS, our overarching finding is the system of delivery for CCSP eligibility determinations is at a crisis point. There is an inability to meet the core goals of the program, and a need for quick action to address the problems in the system so it is more effective and efficient. For example, based on data from the DSHS call management system, in the past year over 50% of callers trying to call the CCSP toll free line are forced to disconnect because call volumes are too high. During the same time period, the average time to process a document- like an application- waiting in the batch work queue increased from 8 days in April 2011 to 24 days in July 2012. Some parents we spoke with reported going through extraordinary measures using the toll-free number to get and keep benefits for which they are eligible. Some of the eligibility specialists in DSHS we interviewed reported being anxious and frustrated that customer services has been degrading over the past several months.

The agency is also under pressure to improve program integrity, especially related to provider authorization, work schedule, and provider fraud. DEL managers feel enormous pressure from stakeholders to improve access and program integrity, at the same time they are managing the budget and responding to legislative changes.

There is a straight-forward reason customer service standards are slipping- there's too much work in the pipeline for the current eligibility specialist resources to handle, and as a result parent access to the program is being restricted. There are at least two possible ways to reduce the volume of work: 1) institute policy changes that streamline business processes so there is less work to do for each application, and/or 2) add more eligibility specialists so more work can be done.

One principle of lean management is to *eliminate the non-value added work* from your business process. In this report, we focused on changes that could be made to eliminate work- in particular increasing the proportion of applications processed in "one touch" to reduce the number of times they are pended and reworked. Later in this section we detail our findings and recommendations for business process improvements through policy simplification, training, and work flow efficiencies that eliminate the non-value added work.

We believe that by taking immediate action to streamline and simplify the policies and processes, DSHS and DEL can dramatically improve access and customer service while maintaining program integrity. Based on information from interviews, site visits and data from DSHS, we estimate that increasing the

percentage of applications that are processed the same day they are received to 50% would result in time savings equivalent to nearly six FTE’s annually.

PROCESS CHALLENGES AND INEFFICIENCIES

In order to understand the current CCSP eligibility business processes, the Aclara Team conducted key informant interviews, site visits, and parent focus groups in three areas of the state. As we analyzed our findings, we grouped them into thematic areas:

- **Managing Work** – focuses on how day-to-day operational work is managed.
- **Documentation and Verification** – examines verification requirements and impact on application and reapplication processes.
- **Churn** – analyzes impact of families losing subsidies at reapplication, reapplying, and the resultant gap in subsidies.
- **Communication and Coordination** – looks at communication and coordination challenges within DSHS and between DEL and DSHS.
- **Culture, Staff Ownership, and Program Integrity** – focuses on front line workers’ view of their role and the system at large.
- **Child Care Providers** – analyzes issues around provider participation in eligibility process, provider enrollment, and educating families about making quality provider choices.

Within each of these areas, we define implications falling within four categories: 1) policy; 2) process/ operations; 3) administrative structure; and 4) information technology. The table below outlines these implications.

Table 1: Summary of Process Problems

Policy	<p><u>Managing Work:</u></p> <ol style="list-style-type: none"> 1. Policy changes create confusion and inconsistency in implementation without adequate training or a well-managed policy clarification database. 2. Change reporting policy allowing clients to report changes anywhere in DSHS creates problems when clients report to another unit besides child care and the change is not known about or acted upon. <p><u>Documentation and Verification:</u></p> <ol style="list-style-type: none"> 3. Activity schedule documentation requirement creates burdens for staff and clients, presents an obstacle to CCSP participation, and contributes to inaccuracies in payments/program integrity concerns. 4. Custody/visitation verification requirement creates burdens for staff and clients, presents an obstacle to CCSP participation, and contributes to inaccuracies in
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	<p>payments/program integrity concerns.</p> <ol style="list-style-type: none"> 5. Self-employment income verification requirement creates burdens for staff and clients, presents an obstacle to CCSP participation, and contributes to inaccuracies in payments/program integrity concerns. 6. Unit of care approach for determining when families can use child care subsidies is less flexible than previous approach and approaches of most other states, and creates hardship for families with variable schedules, and burden for child care eligibility staff. <p><u>Churn:</u></p> <ol style="list-style-type: none"> 7. The 30-day application timeframe without an option to reinstate applications may add to churn issues. 8. Verification policies cited previously decrease ability of eligibility workers to process applications/reapplications fully at first touch, exacerbating pend, denial, and, as a result, churn. <p><u>Communication and Coordination:</u></p> <ol style="list-style-type: none"> 9. Lack of alignment across program policies and definitions necessitates limited/no communication between child care and general work support eligibility workers, meaning families need to jump through multiple hoops to connect to child care subsidies along with other work support program benefits. 10. Exceptions to Rule (ETRs) are an inefficient approach to creating statewide interpretations of policy, delaying benefits for clients and creating additional workload. ETRs are used as workarounds for policy and process problems, rather than for true exceptions. <p><u>Culture, Staff Ownership, and Program Integrity:</u></p> <ol style="list-style-type: none"> 11. Insufficient training allows office and regional differences to exist within a universal caseload model.
Process	<p><u>Managing Work:</u></p> <ol style="list-style-type: none"> 1. Audit approach assigns all errors in case to last worker to touch the case, meaning workers feel the need to rework entire case at each touch, and also creates incentive for workers to find reasons to pend case so they aren't responsible for errors. 2. Performance is measured primarily through quantitative metrics – i.e. the number of calls answered or cases touched – and not qualitative metrics analyzing whether client's needs are met. 3. In an effort to create statewide consistency, workers are instructed to narrate many aspects of the case that are captured otherwise in the system, which can result in time-intensive duplication of information. 4. Incomplete work adds to phone call volume with clients wanting to know the status of their cases. Answering these calls detracts from eligibility workers' abilities to complete work.

	<ol style="list-style-type: none"> 5. Applicants and clients who call in more often are able to prioritize their cases over others due to the frequency of their calling. 6. The provider line is used by providers to inquire into client case status more so than for provider issues. <p><u>Churn:</u></p> <ol style="list-style-type: none"> 7. Large numbers of pended applications create processing delays, increasing chances that application will be denied for exceeding 30-day timeframe and potentially add to subsidy churn. 8. Child care eligibility workers do not contact clients nearing the end of their eligibility period to help them remain on subsidies. <p><u>Communication and Coordination:</u></p> <ol style="list-style-type: none"> 9. Limited communication between DSHS management and child care staff creates feeling of disempowerment in CCSP management. 10. Limited communication across child care eligibility offices/staff allow inconsistencies from individualized caseload past to continue into the present. 11. Limited training on policy changes creates process inconsistencies. <p><u>Child Care Provider:</u></p> <ol style="list-style-type: none"> 12. The application form and photo identification standards create obstacles for license-exempt providers to become approved to receive subsidies.
Administrative Structure	<p><u>Managing Work:</u></p> <ol style="list-style-type: none"> 1. Work management decisions are made within DSHS based on emergency needs or complaints. Child care management has limited involvement in decision making. 2. Insufficient communication between policy and process arms of CCSP creates inconsistency through diverse interpretations of policy. <p><u>Documentation and Verification:</u></p> <ol style="list-style-type: none"> 3. Lack of alignment between policy and process partially as a result of DEL and DSHS roles and responsibilities and limited communication or collaboration across administrative lines. <p><u>Communication and Coordination:</u></p> <ol style="list-style-type: none"> 4. Policy decisions are made without coordination with eligibility workers, creating a disjointed system where process impacts are not guiding policy. <p><u>Culture, Staff Ownership, and Program Integrity:</u></p> <ol style="list-style-type: none"> 5. Limited communication and collaboration allow “us versus them” sentiment to exist between DEL and DSHS. 6. Child care subsidy eligibility workers’ fraud and abuse prevention responsibilities create additional burden on the eligibility process. <p><u>Child Care Provider:</u></p> <ol style="list-style-type: none"> 7. DSHS child care eligibility workers manage the approval process for license-exempt

Information Technology	providers, and DEL licensors manage the approval process for licensed providers.
	<p><u>Managing Work:</u></p> <ol style="list-style-type: none"> 1. The child care subsidy eligibility system, WCAP, requires eligibility workers to enter the same data in multiple screens/fields. 2. Workers struggle to use SSPS correctly, which results in payments not being authorized correctly, provider/client calls, and rework. 3. Extraneous ticklers create unnecessary work in batch queue. 4. Free form text in client correspondence creates inconsistent communication. 5. Problems with the online application cause incomplete and inaccurate information to be sent to WCAP. <p><u>Documentation and Verification:</u></p> <ol style="list-style-type: none"> 6. Additional reliance on paper documentation has limited the use of electronic sources of verification, creating additional work for families and eligibility workers. <p><u>Churn:</u></p> <ol style="list-style-type: none"> 7. WCAP auto-terminates cases without client action on last day of certification period. <p><u>Communication and Coordination:</u></p> <ol style="list-style-type: none"> 8. Policy decisions are made without coordination with information technology, creating situations where policy cannot be implemented using existing tools. 9. Separate eligibility systems exacerbates lack of alignment between child care subsidies and other work support programs. <p><u>Child Care Provider:</u></p> <ol style="list-style-type: none"> 10. The complexity of SSPS creates problems for child care eligibility authorizing provider payments correctly.

PLACEMENT RECOMMENDATION

When focusing specifically on what we were asked to assess—the optimum system for the eligibility determination process – we believe most of the current challenges would be addressed by focusing on streamlining and simplification to eliminate non-valued added work. The placement of the program is not the issue that we found to be a primary driver of the challenges. Instead the problems seem to stem more from how work is managed, documentation and verification requirements, churn, and issues with communication and coordination, and other factors related to staff.

Our detailed recommendations represent a significant amount of work for DEL and DSHS in terms of policy, process, administrative, and information technology changes. Undertaking a large placement change, such as moving eligibility from DSHS to DEL, would create additional risk and costs, and distract from the work that needs to be done to address the root causes of the problems with CCSP eligibility.

For that reason, on the question of placement of eligibility services, the Aclara team recommends that eligibility determination processes remain located within DSHS, at least in the near term, while working to

resolve other emergent business process problems. We also recommend further study of the placement question, broadening the scope beyond this project to include impacts on parent choice of quality care, quality ratings for providers, and linkages with other early childhood programs.

In addition, we considered the risks and costs associated with moving the eligibility determinations from DSHS to DEL could actually make things worse. Also, the vast majority of families receiving CCSP benefits also receive food, medical, or cash assistance from DSHS. Other states have demonstrated that the most efficient approach to child care subsidy eligibility is to align CCSP policies with other work support policies and have families provide information once for all programs.

SUMMARY OF RECOMMENDATIONS TO INCREASING EFFICIENCY AND PROGRAM INTEGRITY

The Aclara Team made recommendations to the CCSP eligibility system based on our analysis of problems with current CCSP processes and national promising practices. Our recommendations fall into the same four categories as the problem implications.

Table 2: Summary of Recommendations

Policy	<ol style="list-style-type: none"> 1. Eliminate activity schedule requirements or simplify to allow income verification and client statement as verification. 2. Simplify the approach to calculating units of care when authorizing child care. 3. Simplify change reporting. 4. Eliminate or modify custody/visitation policy. 5. Allow applications and reapplications older than 30 days to be reinstated when missing information is received. 6. Consider implementing tiered eligibility. 7. Reduce the need for families to report predictable changes, particularly those related to school schedules. 8. Look to work support policies to provide framework for CCSP simplification.
Process	<ol style="list-style-type: none"> 1. Narrow exception to the rule process to original intent. 2. Consider creating and implementing a process manual, which interprets policy for eligibility workers. 3. Consider allocating resources to be able to reinstitute the policy clarification database while completing process manual. 4. Develop and implement initial and ongoing training based on process documentation. 5. Decrease pends and increase first touch resolution. 6. Modify audits to identify means to improve the system ongoing, rather than focusing solely on individual worker performance. 7. Use clearer forms to support increased process efficiency.

	<ol style="list-style-type: none"> 8. Streamline the license-exempt provider approval process. 9. Reduce the need for families to report predictable changes, particularly those related to school schedules. 10. Keep practice of DEL audits for overpayments.
<p>Administrative Structure (assumes joint DEL/DSHS administration)</p>	<ol style="list-style-type: none"> 1. Create and communicate common DEL and DSHS vision for CCSP. 2. Implement a continuous quality improvement approach across policy, process, and information technology to support front line worker success. 3. Create a feeling of shared responsibility and ownership over the child care subsidy caseload. 4. Consider front line eligibility workers as the main customer of policy, process, and information technology decisions by DEL and DSHS.
<p>Information Technology</p>	<ol style="list-style-type: none"> 1. Use verifications obtained through electronic, third party verification and gopher systems, and rely less on paper submitted by clients and employers. 2. Encourage the use of the online application. 3. Implement automated phone system for providers to check on family eligibility status. 4. Support electronic means for clients to communicate with eligibility workers (e.g. text messages or email). 5. Coordinate payment authorization functions with eligibility determination. 6. Simplify reapplication forms. 7. Improve correspondence in new eligibility system. 8. Reduce narrative requirements in new eligibility system. 9. Eliminate non-value add tickers and alerts in new system.

II. APPROACH

The Aclara Team used the following approach to complete the DEL Child Care Eligibility System Project.

Table 3: Project Approach

Conduct kick off meeting	The Aclara Team met with DEL and DSHS leadership to discuss the project scope and approach.
Conduct key informant interviews	We spoke individually with key project stakeholders within DEL and DSHS leadership as a first step in understanding the goals and objectives of the program, the system of work and existing processes.
Examine administrative data	DSHS and DEL provided administrative data to understand the CCSP caseloads, eligibility processing times, call center statistics, subsidy duration, and program retention and churn.
Conduct site visits	The Aclara Team conducted three full-day site visits in Yakima, Chehalis, and White Center (Seattle) DSHS eligibility offices. We discussed child care subsidy eligibility processes and associated gaps, and created as-is value stream maps with eligibility workers, leads, supervisors, and child care coordinators.
Conduct parent focus groups	The Aclara Team conducted focus groups with parents receiving child care subsidies at each of the site visit locations. We discussed their experiences with applying for and retaining child care subsidies and their perceptions of costs and benefits associated with the subsidies. The Aclara Team also spoke with the Parent Advisory Group and other parents and providers individually as follow-ups to the focus groups.
Review industry knowledge	The Aclara Team reviewed and incorporated information from similar projects conducted nationally to understand national trends and better understand client and provider perspectives.
Define vision	The Aclara Team defined the vision for CCSP eligibility processes using information from the kick off meeting, key informant interviews, site visits, and parent focus groups.
Define problems in current processes	We examined the data gathered through all of the previous steps to identify where opportunities for increased efficiency and effectiveness exist. These problems are defined in terms of the gap between how the process currently operates and the vision for improved service delivery.
Develop recommendations for improvement	The Aclara Team created recommendations and a future state value stream map addressing identified gaps or problems in the current process. We validated and refined these recommendations with executive leadership at the half day retreat.
Complete analysis	The Aclara Team finalized the report based off the half-day retreat with DEL and DSHS leadership.

VISION

The vision for this lean business process analysis project is to:

Modernize child care subsidy program business processes and policies so subsidies are accessible to families in a user-friendly, and worker-friendly manner, with an ongoing focus on great customer service. Subsidy eligibility should be determined accurately and consistently to support program accountability. These process improvements will enable parents to work and achieve self-sufficiency, support a quality program, and ensure children and youth are connected to quality early childhood settings.

DEL and DSHS will use this vision as a benchmark against which to measure the success of the outcomes of this project. We also use it to inform the analysis of the current processes to define problems, recommendations, and analyze the options for placement of CCSP eligibility services.

ISSUES, ASSUMPTIONS, AND CONSTRAINTS

The following issues, assumptions and constraints formed the context for this analysis:

- We conducted three eligibility office site visits and met with parents in the same three localities. We assume that the information we gathered from these sites is representative of the child care subsidy system across the State.
- Child care subsidies are a complex issue. This report addresses only a portion of subsidy issues – specifically client eligibility business processes. Our scope is limited to issues around accessing and retaining subsidies from a client’s perspective. Providers play a role in this in terms of unlicensed provider approval processes and payment authorization as part of the client eligibility process. However, providers are not central to our analysis.
- Determining how families should receive information regarding quality in child care or about their child care choices is also not a central focus of this report. We include a brief discussion of this issue as we analyze placement of CCSP eligibility services in the alternatives analysis, because it helps provide a basis for the decision about whether to relocate eligibility processes with DEL or a contractor.

III. CHILD CARE SUBSIDY PROCESSES

This section outlines current Washington child care subsidy processes, and associated gaps. The central focus of our analysis was simplifying and clarifying child care policies, processes, and information technology systems to support the vision of efficient, responsive, and accurate child care subsidy eligibility processes.

CURRENT PROCESSES

As we analyzed current child care subsidy eligibility processes, we mapped out the application, reapplication, and change reporting processes using value stream maps. A value stream map is a picture of a service from end to end. It is similar to, although not the same as, a process map or a flow chart. A value stream encompasses all of the steps in a process, those steps that add value to delivering a service and those steps that do not. Value stream maps represent workflow from a customer's perspective, demonstrating the movement of people, information, and work. The goal of value stream mapping is to learn about the system from the customer's perspective and from the perspective of colleagues in the system, who are also customers in the process. Process maps illustrate process steps at a much lower level of detail than value stream maps.

Value stream maps need data. We asked each office to collect the data below. Two of the offices did not gather data prior to the site visit and we had to rely on best estimates. More accurate information about specific inefficiencies in the value stream map could be obtained through more systematic and rigorous data collection. The data used to support the value stream maps are:

- Process Time (PT) is the actual touch time of starting and finishing one work item. It does not include time spent with interruptions or waiting.
- Wait/Delay Time (DT) is the time a work item is delayed or not touched. It is waiting for something to be done before it can proceed through the value stream.
- Lead Time (LT) is the total time to complete a process step. $LT = PT + DT$
- % Complete & Accurate (%C/A) is the percentage of work **entering** a process step that is complete and accurate; it requires no correction to work on it.
- Work in Progress (WIP) is a count of work. WIP is counted for each inbox and for each process step. Inbox WIP is the number of work items in an inbox. Process Activity WIP is the number of work items in a process box that has been started but not completed.

The value stream maps we were able to develop based on estimates create a big-picture view of the system. Overall, the maps indicate a lot of potential to improve process efficiency. Delay time makes up the majority of the lead time. In general, this means that work is waiting in batch queues for a worker to process. A lot of the work in batch queue is generated by applications, reapplications, or change reports

pending by workers for additional verifications. The following section on process gaps examines the causes of the high number of pending cases.

Phone Application Process

The following page contains a composite value stream map of processing applications for child care subsidies that come in by telephone. The first step is an applicant calls in to apply for benefits. The triangle represents the inbox for that step, which in this case is waiting on the phone queue. Workers estimated that clients wait from 0 to 40 minutes. Phone data show the average wait time is approximately 15 minutes. At any time, there can be approximately 65 individuals waiting in queue. This figure does not include individuals not able to get into the phone queue because it was at capacity.

Once the applicant is connected to a child care eligibility worker, workers estimated that the call time for the interactive application and after call work time to complete the processing of the case takes between ten and 30 minutes. At this point, a worker can either finalize the determination or pend the application while additional verification is requested, received, and processed. Workers estimated that 57 percent of work at this point is complete and accurate.

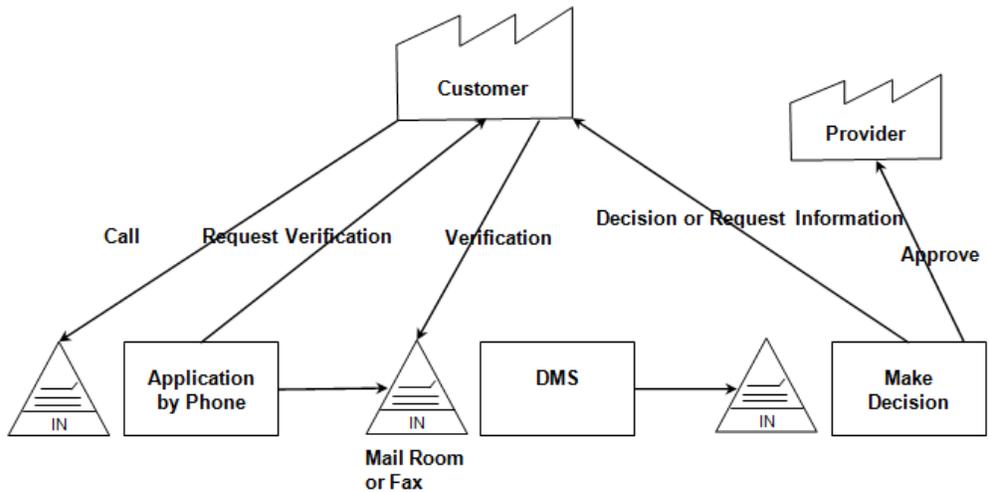
An applicant sends in verification to regional document management centers either through the mail or the DSHS Community Service Office (CSO) drop-box, which is scanned into the document management system. Workers estimated the delay or wait time of this step was two hours to seven days, giving a total lead time of one to seven days. Workers believed this step is 53 percent complete and accurate. The incomplete work is primarily due to incorrect or incomplete documents being sent by applicants, which may be caused by workers not telling applicants about everything they need to submit when they first contact DSHS. Scanning quality issues or electronic misfiling contribute only a small amount to inaccuracy or incomplete work.

The next inbox is the batch queue, where scanned documents sit waiting for an eligibility worker to process. At the time of our site visits, 6,441 documents were in the batch queue. Workers estimated that work can sit in queue from 1 to 60 days before being worked. A worker needs 10 to 80 minutes to complete the determination once she or he has the information from the batch queue. Within this determination process, workers must interact with providers to obtain documentation necessary to approve a license-exempt provider, to obtain information about the provider's payment rates and policies (if not already in the system), and to let the provider a client has been approved for subsidies. Workers estimated this step is 45 percent complete and accurate. The incomplete or inaccurate work is due to potentially unearthing more missing information that was not requested by earlier eligibility worker(s) interacting with the applicant. License-exempt verification, particularly the application form and legible photo identification also contribute to inaccuracy or incompleteness.

In total, the actual processing or touch time to determine eligibility is estimated to take from 20 to 110 minutes. However, because of the considerable delay injected into the process, the overall time to complete an application is anywhere from slightly more than one day to more than 60 days. Overall, the

percentage of work entering a step complete and accurate is 14 percent for the value stream. This low percentage reflects both the multiple requests for information and customers not providing information when requested.

Figure 2: Phone Application Value Stream Map – Current State



Process Time		10-30 M		2-5 M		10-80 M
Wait/Delay Time	0-40 M		120 M-7 D		1-60 D	
Lead Time		10-70 M		122 M-7 D+5 M		1 D+10 M-60 D+80 M
% Complete /Accurate		Avg 57%		Avg 53%		Avg 45%
Work in Progress	65			6441		

M=Minutes D=Days

Summary	Total
Process Time	22-115 M
Wait/Delay Time	1 D+120 M-67 D+ 40 M
Lead Time	1 D+142 M-67 D+155 M
% Complete/Accurate	14%
Work in Progress	6506

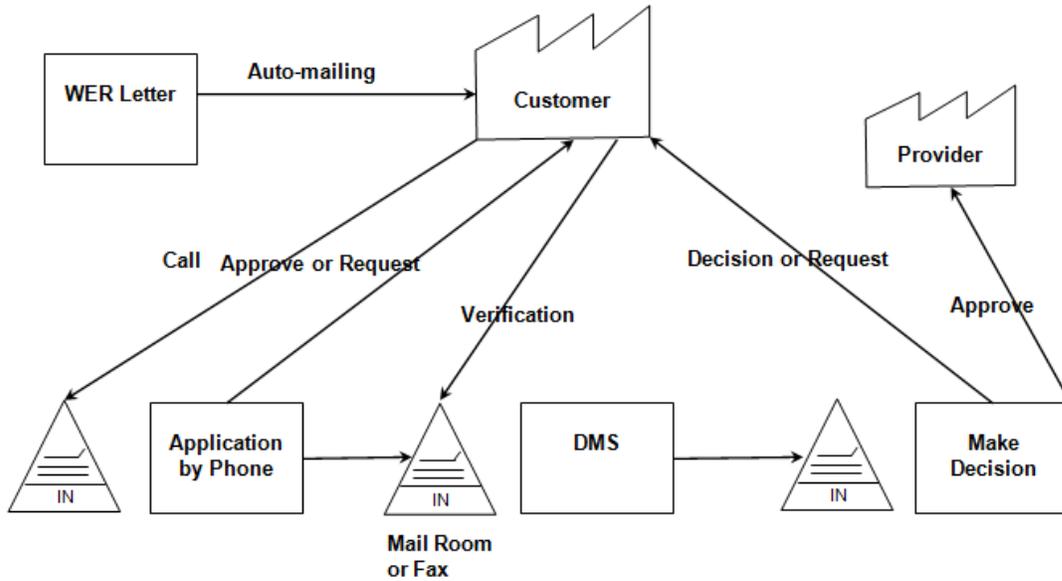
Note: Data are based on estimates gathered in interviews with eligibility specialists in three offices

Phone Reapplication Process

The following page contains the current state value stream map for reapplications that are initiated by clients through the phone. The process is almost identical to the application process. One difference is the process begins with an automated letter to the client requesting them to reapply for ongoing subsidies. As with phone application, clients calling in have to wait in the phone queue for 0 to 40 minutes. Call time and after call work time generally totals between 5 and 15 minutes. Workers estimated a higher percentage of completeness and accuracy for this step- 75 percent- compared to the application process estimate of 57 percent, presumably because clients already connected to benefits were more likely to understand what they needed to provide because they'd already been through the process at least once.

As with applications, most of the delay time in the reapplication process follows the initial request for information. In particular, the majority of delay is associated with documents waiting in the batch queue. Overall, the time to process a reapplication ranged from slightly more than one day to over 67 days. Staff estimated that the percent of time work entering a step was complete and accurate was 27 percent.

Figure 3: Phone Reapplication Value Stream Map – Current State



Process Time		5-15 M		2-5 M		10-20 M
Wait/Delay Time	0-40 M		120 M-7 D		1-60 D	
Lead Time		5-55 M		122 M-7 D+5 M		1 D+10 M-60 D+20 M
% Complete/Accurate		Avg 75%		Avg 68%		Avg 53%

M=Minutes D=Days

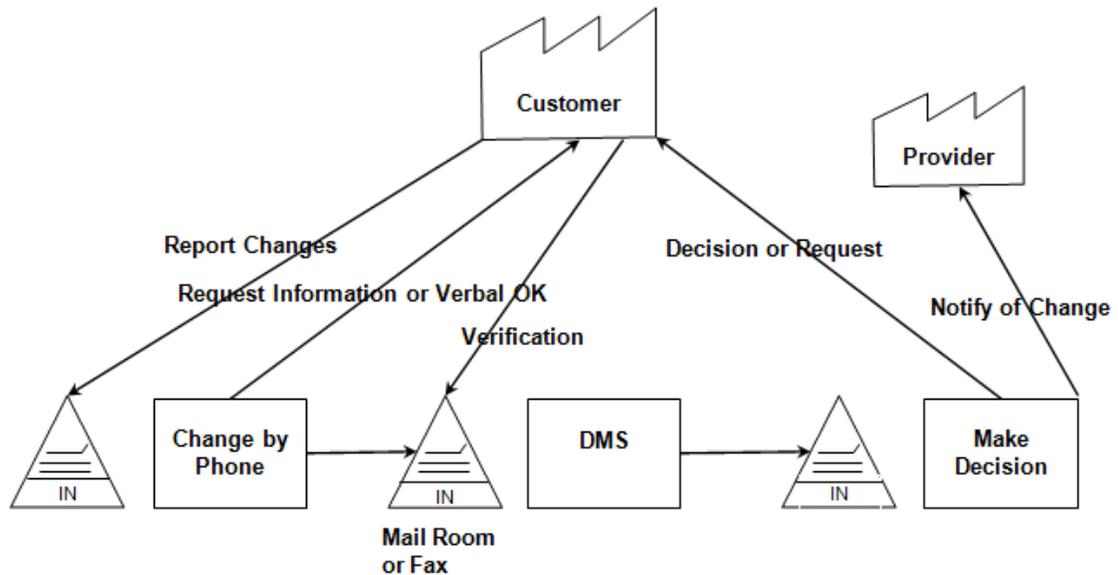
Summary	Total
Process Time	17-40 M
Wait/Delay Time	1 D+120 M-67 D+ 40 M
Lead Time	1 D+137 M-67 D+80 M
% Complete/Accurate	27%
Work in Progress	NA

Note: Data are based on estimates gathered in interviews with eligibility specialists in three offices

Change Reporting Process

Changes follow a similar process as applications and reapplications. The actual processing or touch time was estimated to range from 14 to 40 minutes. Delay is inserted if verification of the change is needed. The time range to process a change ranged from 154 minutes to over 7 days. Staff estimated that the percentage of time work is complete and accurate as it enters a process step is 23 percent.

Figure 4: Phone Change Reporting Value Stream Map – Current State



Process Time		2-20 M		2-5 M		10-15 M
Wait/Delay Time	0-40 M		120 M-7 D			
Lead Time		2-60 M		122 M-7 D+5 M		10-15 M
% Complete/Accurate		Avg 85%		Avg 50%		Avg 55%

M=Minutes D=Days

Summary	Total
Process Time	14 M-40 M
Wait/Delay Time	120 M-7 D+40 M
Lead Time	134 M-7 D+80 M
% Complete/Accurate	23%
Work in Progress	NA

Note: 1) Data are based on estimates gathered in interviews with eligibility specialists in three offices. 2) Times are underestimates due to lack of estimated W/DT in last step

CHILD CARE SUBSIDY SYSTEM GAPS

Through the value stream maps, group interviews with child care eligibility workers, supervisors, and coordinators, and focus groups with parents, we identified problems with the existing child care subsidy eligibility-related processes. We highlight problems in terms of:

1. Value from the client's perspective, including quality of service, which includes timeliness, minimal burden, and responsiveness to customer concerns.
2. Efficient process flow in terms of no or limited waiting, represented by no backlogs (often caused by work batches), minimal handoffs, fewer supervisory approvals, and no rework or duplication of data entry.
3. Standardized work with accurate, consistent eligibility decisions built into the process.
4. Processes to support continuous improvement.

Within each of these areas, we generally look for the following issues:

Table 4: Issue Areas to Identify Process Problems

Value from the client's perspective:	<ul style="list-style-type: none"> • Not meeting timing needs, which are not necessarily the same as the standard of promptness • Not meeting quality and accuracy requirements – incomplete or incorrect output • Burden on client, employers, and providers • Treatment by workers • Responsiveness and speed of problem resolution • Choice and continuity of care • Provider less willing to accept child care subsidies because of timely payment issues • Other issues important to families
Efficient process flow	<ul style="list-style-type: none"> • Interruptions • Bottlenecks where work builds up • Excess movement in terms of unneeded data entry, extra process steps, multiple handoffs • Waiting for approvals/decisions or information from customers • Extra, unneeded steps requiring documents and data to travel distances • Rework for completion or correction • Batch processing creating inventory of work such as weekly billing or monthly closings • Fluctuations in work requirements and pace (job size, complexity, due dates)
Standardized, quality work	<ul style="list-style-type: none"> • Rework • Passing forward without checking for accuracy and completeness • Improper payments • Tasks vary within process based on worker

	<ul style="list-style-type: none"> • Work-arounds developed over time
Continuous improvement	<ul style="list-style-type: none"> • No method for comparing daily performance to plan • No timely management corrective action planning • Limited use of existing information • Learning not integrated into process

Washington’s CCSP eligibility process problems often fall within more than one of the problem areas identified above. We will drill down to each problem, identify where it presents in terms of problem areas, and analyze the policy, process, administrative structure, and information technology implications.

Each of these problem areas is related to the overall problem outlined in the purpose section. The system faces numerous challenges. Families are struggling to connect to child care subsidies, and workers cannot be successful at their jobs because of the multitude of problems in the system. Washington is seeking to improve the accuracy, efficiency, and responsiveness of the child care subsidy system so it better serves parents and providers, and supports eligibility workers in being successful.

Managing Work

The amount of work to be done exceeds the capacity of eligibility workers to complete it. Child care eligibility workers use a task-based model to complete work, with some workers taking client phone calls through a distributed call center, and others working the batch queue, which includes paper (mailed and faxed) applications, other documentation processed through the document imaging centers such as verifications, and alerts associated with pended work. There are a variety of elements negatively affecting the overall workload and its management. Issues under this umbrella create problems with meeting client timing needs, work interruptions, bottlenecks, rework, and inconsistency across workers.

DSHS management determines whether child care eligibility workers will answer client calls or work the batch queue. Site visits unearthed frustration about work management decisions continually moving eligibility workers between working phones and batch based on emergent needs, without ever feeling like the work is under control. These decisions are driven by metrics associated with the number of forced disconnects, meaning the number of calls not able to enter the phone queue because of limited capacity, and the number of documents awaiting action in the batch queue. We also heard that work management decisions are driven by complaints made to the Governor’s office and members of the Legislature so that, rather than being able to concentrate on the implementation of a plan to clear the backlog, decision-makers are forced to triage to address complaints.

There is widespread understanding that the way to reduce the number of incoming calls is to complete the work waiting in batch, because many of the calls are from individuals calling to ask about the status of their case. However, leadership feels they need to respond to public frustration at not being able to talk to an eligibility worker via the only universally used access channel – the telephone. DSHS leadership has tried several approaches to stem the work overflow problem such as putting all staff on the phones and tiering all

issues discussed on calls for later work by the batch team in an effort to answer more calls. These efforts have not been successful because the work volume created by current policies and processes is higher than the current staffing level can handle.

The **backlogs, partially caused by pended cases, create client and provider phone calls to check on case status**. Families prioritize their cases by calling in to request action. This self-prioritization of the work results in call lines being further tied up. DSHS operates a provider line separately from the client child care subsidy call center. Workers dedicated to the provider line estimated that 80 to 90 percent of calls on this phone line are related to providers requesting status information on their families. This is not necessarily a bad thing. Providers should be able to easily access information about family status in terms of applications and reapplication approval or denial and details of authorization.

Promising Practice: Child care subsidy programs have implemented alternative means to provide information to child care providers, such as automated systems providers can use to call in and check on the status of their parents' eligibility.

It becomes a problem when providers use the provider line to get information on behalf of parents because parents can't get through on the client phone line, which, during our site visits, we heard is beginning to occur.

The table below provides a snapshot of client call center-related statistics. The second column is the average number of daily total calls for the month. Forced disconnects represents the average number of daily forced disconnects, meaning the phone volume is too high to allow a caller to wait on hold. Abandoned calls represent the daily average number of times clients hang up before having their call answered. Answer speed represents the average daily time a client is on hold before having her or his call answered. Call time represents the average amount of time a client phone call lasts.

The data show clearly that **clients struggle to access child care subsidy eligibility workers**. Approximately 50 percent of call attempts between June 2011 and July 2012 were not able to get into the phone queue, and instead were force disconnected. Of those able to get through, they waited an average of 15 minutes before having their calls answered. Thirteen percent of callers hung up before their calls were answered. The end and beginning of the school year are traditionally high volume periods for child care subsidy calls because families need to alter child care hours. June 2011 and 2012 represent call volume and forced disconnect peaks. Access challenges are immensely frustrating to families. Parents in focus groups were asked what would be the one thing they would change if they had a magic wand allowing them to alter the CCSP program. Overwhelmingly they said they would change how they access benefits and eligibility workers. Many spend their lunch hours calling in repetitively to try to get through to the queue, and then use up their cell phone minutes on hold once they are successfully waiting. Parents also described abandoning calls after waiting because their lunch or break time at work ends before they are able to reach a caseworker. Access problems create a true burden for families in terms of time and money.

Table 5: Call Center Statistics

Date	Total Calls	Forced Disconnect	%	Abandoned Calls	%	Answered Calls	%	Answer Speed	Call Time
7/2012	3,732	1,814	49%	429	11%	1,489	40%	11:39	5:54
6/2012	6,919	5,382	78%	418	6%	1,119	16%	18:05	7:15
5/2012	2,753	1,182	43%	465	17%	1,106	40%	15:06	7:32
4/2012	3,779	2,166	57%	473	13%	1,140	30%	15:35	7:26
3/2012	4,642	2,998	64%	538	12%	1,106	24%	18:14	7:17
2/2012	3,987	2,310	58%	531	13%	1,146	29%	20:33	7:21
1/2012	3,809	2,070	54%	527	14%	1,212	32%	16:44	7:03
12/2011	3,128	1,473	47%	513	16%	1,142	37%	17:44	7:03
11/2011	2,970	1,078	36%	474	16%	1,418	48%	11:44	6:27
10/2011	2,981	1,166	39%	511	17%	1,304	44%	15:34	7:27
9/2011	4,569	2,520	55%	548	12%	1,501	33%	15:59	7:25
8/2011	3,305	1,401	42%	457	14%	1,447	44%	13:20	6:45
7/2011	3,064	1,282	42%	485	16%	1,297	42%	14:24	6:45
6/2011	5,321	3,457	65%	393	7%	1,471	28%	8:15	6:03
Average	3,926	2,164	52%	483	13%	1,278	35%	15:12	6:58

The following table shows batch queue statistics for March 2011 through July 2012. The second column-average wait- represents the amount of time between when a document is scanned and when it is picked up from the batch queue by an eligibility worker to be worked. The cases column represents the number of cases in the batch queue. The documents column represents the number of documents associated with those cases. Ticklers are the number of ticklers or reminders associated with those cases waiting to be worked or past due. The timeframes represent the number of cases waiting in the batch queue longer than 10, 30, and 45 days. There is duplication across these columns, because cases in queue 45 days or longer also will be counted in the previous two columns.

The data demonstrate that the size of **the workload is too large for eligibility workers to process timely**, particularly when work in the batch queue is delayed to focus effort on answering client phone calls. Data from earlier months not contained in the table are consistent with data from April and May 2011, with an average wait of less than ten days before being worked. This wait grows significantly from late 2011 through 2012. With the wait, the number of documents and ticklers per case also grows. The number of ticklers declines somewhat in later months of 2012, but the number of documents per case remains high. This additional documentation may be related to additional reliance on paper verification versus electronic, third party verification or client statement based on recent policy changes. These numbers generally represent the amount of time families are waiting for their benefits to be authorized, which undercut the goals of supporting work and supporting high quality, continuous care. Families may choose another

arrangement that is less optimal in terms of child development and safety, or they may start care and pay out of pocket, or providers may agree to care for children hoping that care will be authorized from the date the application was originally submitted, or families may postpone work while waiting for determinations.

Table 6: Batch Queue Statistics

Date	Avg. Wait	Cases	Documents	Ticklers	>10 Days	>30 Days	>45 Days
7/2012	24 days	19,313	43,806	14,742	13,967	7,259	4,970
6/2012	22 days	16,495	35,725	13,647	10,614	5,866	4,155
5/2012	21 days	13,441	27,192	10,515	9,082	5,385	3,669
4/2012	23 days	13,497	27,269	10,980	9,070	5,730	4,034
3/2012	28 days	15,942	34,758	13,472	11,323	7,527	5,800
2/2012	35 days	17,981	40,763	16,436	13,688	10,185	8,496
1/2012	32 days	21,664	48,470	21,925	17,242	12,190	9,618
12/2011	29 days	22,060	51,224	22,187	17,564	11,760	8,888
11/2011	25 days	24,474	55,843	24,475	19,481	12,191	8,172
10/2011	20 days	22,468	50,764	21,119	16,422	8,619	5,122
9/2011	15 days	18,524	37,492	15,011	12,019	5,070	2,333
8/2011	13 days	14,270	27,309	12,796	8,136	3,416	1,276
7/2011	15 days	15,809	31,055	12,180	10,095	4,418	1,933
6/2011	12 days	12,680	23,001	7,888	7,178	2,709	827
5/2011	9 days	9,139	15,558	5,446	4,666	667	22
4/2011	8 days	8,142	13,079	5,208	4,001	517	49
Average	20 days	16,929	35,776	14,845	11,817	6,606	4,378

Approaches to performance measurement contribute to process problems. Audits are one means used by management to assess eligibility worker performance. Audits are conducted on a random sample of cases for each worker and provide feedback on the entire case to the last worker who touched the case.

Promising Practice: Washington’s Basic Food program’s quality control (QC) process is not designed to identify mistakes in individual cases, but rather to find patterns or trends pointing to process, policy, or system problems. Using a new tracking system, DSHS will begin to track the accuracy of an episode of work so eligibility specialists are accountable for the action they took on a case, not the entire case accuracy.

This approach creates two unintended consequences – significant amounts of rework and an incentive to not finalize a determination. Eligibility workers review an entire case each time she or he touches one, regardless of the task needing completion to ensure the previous worker(s) did not miss any details that will show up in an audit. **Inconsistency and lack of trust in coworkers is related to rework issues** prevalent

in the existing system. Associated with this are **multiple, inconsistent, and changing policy requirements**. Workers will ask for new verification not requested by a previous worker because of a new

policy or their interpretation of policy. Workers may go overboard on requiring documentation from families to ensure accuracy and completeness for audits based on their understanding of child care subsidy policy. This is very challenging for clients. This vigilance also provides a means for workers to pass the work forward by pending for documentation, thus avoiding being the last worker to touch a case and owning the audit findings.

Promising Practice: Eligibility workers in Idaho use only a process manual – no policy manual – to support eligibility determination. The process manual spells out how policy is interpreted through processes, and enforces consistency across workers.

The case audit process has also increased incentives for **eligibility workers to complete**

extra, non-value added work in the system. For example, workers must narrate activity schedules in case notes in addition to entering the information into the system. Previously, narrative was only required when there was something significant to note, but in the interest of justifying information entered into other parts of the system, workers are now required to, or voluntarily, enter additional narrative. Lead workers spend significant time performing these audits that do not appear to be helping to identify policy, process, or information technology problems systemically. DSHS is in the process of modifying its approach to audits to support a task-based system with a shared caseload. Audits will focus on work episodes, rather than attributing all problems with the case to the last worker to touch it.

Promising Practice: In a study of seven Midwestern states, researchers found that five states had a common application form for child care assistance and other social service programs. Some of these states also had a “child care only” application for families only interested in child care assistance. These combined applications are beneficial for parents because they only have to provide information once but they are most effective when eligibility policies (particularly related to income determination) are aligned across assistance programs. (Snyder, Banghart, Adams 2006)

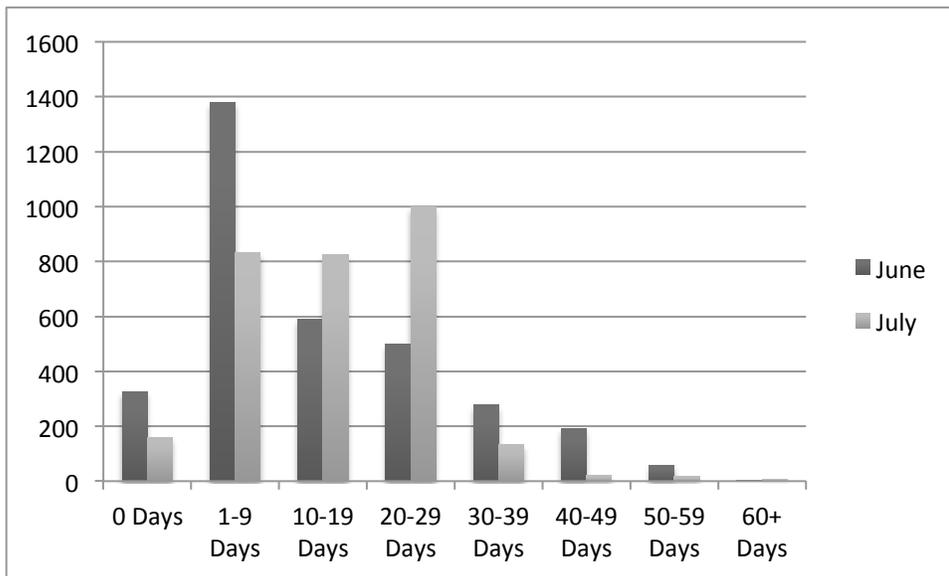
In addition to case audit results, **child care subsidy management focuses on quantitative measures**, such as the number of phone calls answered, length of time on calls, or number of documents worked from batch when providing feedback to eligibility workers. This quantitative focus may create incentives for workers to move to the next call or next document without finalizing a case or reaching a decision because it is faster to pend.

Some parents and eligibility workers report that **forms (including applications and reapplications) are confusing**, and add to issues of pended applications and reapplications because families do not know what documentation they need to provide. Filling out forms incorrectly, particularly the license-exempt portion of the application form, results in back and forth between eligibility workers and families, even for what seem to be relatively minor errors.

Promising Practice: Nebraska worked to simplify a single application form for multiple programs that was lengthy and difficult for applicants to complete. The State redesigned the form so it was shorter and the questions were in a better order. Nebraska enlisted clients and caseworkers to provide feedback on the new form (through focus groups and pilot efforts) and incorporated that feedback. Respondents noted that the streamlined form was easier not only for parents, but also for caseworkers. (Adams, Snyder, Banghart 2008)

54 percent of applications and reapplications between July 1, 2011 and June 30, 2012 were pended. In that timeframe, 87 percent of cases were processed within 30 days, which is the standard of promptness. DSHS' goal is to process 95 percent of cases within that timeframe. The following chart shows the number of processing days for applications in June and July 2012. On average, 7.7 percent of these applications were processed on the same day. An average of 35 percent were processed between one and nine days, 22 percent in 10 to 19 days, 24 percent in 20-29 days, and just over ten percent in 30 or more days. A manual review of a subset of the 294 (4.7 percent) cases processed in 40 or more days showed that many were pended and simply took that amount of time to process because of high workloads.

Figure 5: June-July 2012 Application Processing Timeframes



The change reporting process is not effective. We empirically heard from many clients that they do not report changes because it is simply too hard to get through to the call center to report. Others are afraid to

Promising Practice: Oregon aligned its child care subsidy verification, budgeting income, and change reporting requirements with SNAP because of 95% client overlap. Child care clients use simplified reporting to align with SNAP. Forms were revised to serve multiple programs and eliminate duplication.

report changes because they do not want to risk having a new worker get into their case and determine another verification is missing, thus jeopardizing their subsidies. A policy change enacted in June 2012 allows clients to report changes anywhere in DSHS. This means that clients may report changes to the Basic Food or any of the other, less closely related

DSHS programs. When this occurs, it is rare for a child care eligibility worker to learn of the change because of the limited communication between DSHS programs. CCSP workers are specifically not allowed to exchange information with general work support programs. This change reporting communication issue creates accuracy problems.

The reapplication process is complex. The CCSP reapplication process is almost identical to the initial application process. Clients must complete a reapplication form, which contains none of the information known about the family – names, ages, address, employer, etc. Clients must also submit new documentation for all required verifications besides permanent documentation, such as citizenship, regardless of whether the information changed from initial application. Focus group participants expressed frustration at the amount of rework expected of them to remain connected to benefits. This approach to reapplication also creates additional work for eligibility workers.

Information technology does not support efficient eligibility processes.

The CCSP eligibility system, the Working Connections Authorization Program (WCAP), is separate from the Social Services Payment System (SSPS), which eligibility workers use to authorize payments. Many workers struggle to use SSPS correctly because of the system separation and SSPS complexity, which results in additional work to correct authorizations. This also can create overpayment issues with families denied ongoing benefits at

Promising Practice: Pennsylvania took steps to make the redetermination process as easy as possible for families and caseworkers. Before recertification, the subsidy agency automatically generates a redetermination form and mails it to the family. Respondents reported that this form was simple to read and to follow, and it included detailed eligibility information already known to the agency. Families are required to note changes and submit documentation for anything that has changed. If nothing has changed, families only have to return the form saying that nothing has changed. Respondents reported that families were staying in the system longer because it was easier to recertify clients' eligibility and that this system was beneficial for the agency, both in administrative burden and in improper payments. (Adams, Synder, Banghart 2008).

reapplication in WCAP, but whose provider payments have not been correctly deauthorized in SSPS. WCAP has limited templates and standardized text, which requires additional work by eligibility workers and creates inconsistent communication with clients. Additionally,

automated ticklers determined extraneous create work in the batch queue that does not add value to child care cases and take time away from case processing. Some ticklers/alerts requiring manual intervention could be automated.

We also empirically heard about **problems with the online application.** WCAP does not always receive complete or accurate information clients enter into the online application. This creates additional work for families who are asked to provide the same information more than once.

Promising Practice: Indiana has experimented with only requiring parents to report changes that would result in a loss of service, and making other adjustments to child care assistance (such as co-pay amount) at the time of reauthorization. This policy was implemented, in part, to reduce the administrative cost of processing changes that often had no effect on the current authorization. (Snyder, Banghart, Adams 2006)

Promising Practice: Some states are working toward synchronizing review dates for child care assistance and other family assistance programs (such as SNAP and/or Medicaid). (Snyder, Banghart, Adams 2006)

Table 7: Managing Work Implications

Policy	<ul style="list-style-type: none"> • Policy changes without adequate training or policy clarification database create confusion and inconsistency in implementation. • Recent legislative changes added additional requirements and confusion amongst eligibility specialists. • Change reporting policy allowing clients to report changes anywhere in DSHS creates problems when clients report to another agency beside child care and the change is not known about or acted upon.
Process	<ul style="list-style-type: none"> • Audit approach assigns all errors in case to last worker to touch the case, meaning workers feel the need to rework entire case at each touch, and also creates incentive for workers to find reasons to pend case and not take responsibility for errors. • Performance is measured primarily through quantitative metrics (i.e. the number of calls answered or cases touched) and not qualitative metrics analyzing whether client's needs are met. • In an effort to create statewide consistency, workers are instructed to narrate many aspects of the case that are captured otherwise in the system, which can result in time-intensive duplication of information. • Incomplete work adds to phone call volume with clients wanting to know the status of their cases. Answering these calls detracts from eligibility workers' abilities to complete work. • Applicants and clients who call in more often are able to prioritize their cases over others due to the frequency of their calling. • The provider line is used by providers to inquire into client case status more so than for provider issues.
Administrative Structure	<ul style="list-style-type: none"> • Work management decisions are made within DSHS based on emergency needs or complaints. Child care management has limited involvement in decision making. • Insufficient communication between policy and process arms of CCSP creates inconsistency through diverse interpretations of policy.
Information Technology	<ul style="list-style-type: none"> • The child care subsidy eligibility system, WCAP, requires eligibility workers to enter the same data in multiple screens/fields. • Workers struggle to use SSPS correctly, which results in payments not being authorized correctly, provider/client calls, and rework. • Extraneous ticklers create unnecessary work in batch queue. • Free form text in client correspondence creates inconsistent communication. • Problems with the online application cause incomplete and inaccurate information to be sent to WCAP.

Documentation and Verification

Families are required to provide documentation to verify the number of hours in which they are engaged in qualified activities to support child care eligibility workers in authorizing the correct amount of child care. Families need to verify income, citizenship, residency, and activity schedules at application. Families must verify the same information again at reapplication, except for permanent verifications, such as citizenship.

The following table outlines federal verification requirements alongside Washington's. The federal government requires very little documentation verification for families to receive child care subsidies. Washington has discretion over these requirements. DEL uses the Washington Administrative Code (WAC) to define the majority of verification requirements.

Table 8: Child Care Subsidy Verification Requirement Comparison Matrix

Items Needing Verification	Federal Guidance	Washington Administrative Code	Verification Process (WCCC Policy Manual and WCCC Handbook)
Age of child	State agencies are responsible for verifying eligibility and have flexibility in how they define and verify.	(WAC: 170-290-0005) (i) Less than age thirteen (ii) Less than age nineteen, and: (A) Have a verified special need, according WAC 170-290-0220 (B) Be under court supervision.	Not addressed
Child's immigration status	Required	(WAC: 170-290-0012) (i) Proof that the child belongs to one of the following groups as defined in WAC 388-424-0001 : (i) A U.S. citizen (ii) A U.S. national (iii) A qualified alien (iv) A nonqualified alien who meets the Washington state residency requirements as listed in WAC 388-468-0005	Not addressed
Income ²	State agencies are responsible for verifying eligibility and have flexibility in how they define and verify.	(WAC: 170-290-0012) (b) Employer name, address, and phone number (c) State business registration and license, if self-employed (e) Hourly wage or salary (f) Either the (i) Gross income for the last three months (ii) Federal income tax return for the preceding calendar year (iii) DSHS employment verification form (g) Monthly unearned income the consumer receives, such as child support or supplemental security income (SSI) benefits (h) If the other parent is in the household, the same information for them	Existing Employment Three options: 1. Copies of his or her most current three months of paystubs 2. Employer statement of gross wages and typical schedule for the most current three months 3. W-2 tax return for preceding calendar year New or Changed Employment 1. Employer statement of anticipated gross wages and expected work schedule for the next month pending verification

² Income deductions are defined in (WAC: 170-290-0070). Federal guidance does not address income deductions.

			<p>2. If employer does not respond, applicant's written statement of anticipated gross wages and expected work schedule</p> <p>Child Support Received by the Custodial Parent</p> <ol style="list-style-type: none"> 1. SEMS verification 2. Current court order showing the child support amount
Hours authorization	Not addressed	<p>(WAC: 170-290-0190)</p> <p>(1) DSHS may authorize and pay for the following child care hours:</p> <ol style="list-style-type: none"> (a) Full-day child care to licensed or certified facilities and DEL contracted seasonal day camps when a consumer's children need care between five and ten hours per day (b) Half-day child care to licensed or certified facilities and DEL contracted seasonal day camps when a consumer's children need care for less than five hours per day (c) Hourly child care for in-home/relative child care (d) A registration fee (under WAC 170-290-0245) (e) A field trip fee (under WAC 170-290-0247) (f) Special needs care when the child has a documented need for a higher level of care (under WAC 170-290-0220, 170-290-0225, 170-290-0230, and 170-290-0235) (g) A nonstandard hours bonus under WAC 170-290-0249 <p>(2) DSHS may authorize up to the provider's private pay rate if:</p> <ol style="list-style-type: none"> (a) The parent is a WorkFirst participant and (b) Appropriate child care, at the state rate, is not available within a reasonable distance from the home or work (activity) site <p>(3) DSHS authorizes an additional amount of care if:</p> <ol style="list-style-type: none"> (a) More than ten hours of care is provided per day (up to a maximum of sixteen hours a day) and (b) The provider's written policy is to charge all families for these hours of care in excess of ten hours per day 	Not addressed
Household composition	State agencies are responsible for verifying eligibility and have flexibility in how they define and verify.	<p>(WAC: 170-290-0015)</p> <p>Please see table at: http://apps.leg.wa.gov/WAC/default.aspx?cite=170-290-0015</p>	<p>Residential Time or Shared Custody of a Child</p> <p>When determining the units or hours of child care needed, the following verification may be used:</p> <ol style="list-style-type: none"> 1. Court documentation, such as divorce decrees or parenting plans. 2. If court documentation is not available, or not reflective of current arrangements, workers may verify using collateral resources, such as: informal records between the parents, child care provider statements, or other collateral statements.
Parent	State agencies are	(WAC: 170-290-0012)	Not addressed in policy or process

participation in eligible work or education activity	responsible for verifying eligibility and have flexibility in how they define and verify.	(a) A current WorkFirst IRP for consumers receiving TANF (d) Work, school, or training schedule (when requesting child care for non-TANF activities)	documentation February 2012 policy clarification memo was interpreted by eligibility workers as requiring paper schedules
Provider information	Not addressed	(WAC: 170-290-0012) (k) Name and phone number of the licensed child care provider (l) For the in-home/relative child care provider, a: (i) Completed and signed criminal background check form (ii) Legible copy of the proposed provider's photo identification, such as a driver's license, Washington state identification, or passport (iii) Legible copy of the proposed providers' valid Social Security card (iv) All other information required by WAC 170-290-0135	Not addressed
Verification must be requested when:	States determine when verifications need to be requested	The consumer applies or reapplies for child care When the consumer has a change in circumstances	The client reports a change The department finds out that the circumstances have changed The information the department has is questionable, confusing or outdated

Eligibility workers, supervisors, and parents consistently cited **two verification requirements as particularly problematic: activity schedules and custody arrangements**. These requirements create problems by not meeting customer timing requirements and creating inefficient processes by waiting for information from customers and employers.

All applicants and clients applying or reapplying for benefits must submit an activity schedule. This requirement changed in August 2011, and began to be enforced based off a February 2012 policy clarification memo. Previously, child care eligibility workers often accepted client statement for activity schedules when also verifying client income, only requesting documentation when activity hours were questionable. The application and reapplication forms are not clear regarding schedule requirements.

Both forms include space for individuals to complete their activity schedules, but this schedule does not meet the documentation requirement of having employers provide and sign the activity schedule. We heard frustration from focus group participants who had received child care subsidies without issue for multiple years, and because of this

Promising Practice: The Federal Office of Child Care (OCC) encourages states to implement policies that promote continuity within the child care subsidy system to support better child educational and developmental outcomes. These include using 12-month eligibility periods, expanding the definition of working to include job search, accounting for small changes in family circumstance without losing benefits, broadening approaches to information collection, coordinating with partner agencies and organizations, partnering with providers, and sharing information with other benefit programs. (ACF OCC, CCDF Continuity of Care Information Memorandum, 2011)

new requirement and unclear forms lost benefits despite providing the same information they had previously.

The activity schedule requirement places a burden on employers to provide documentation. Some employers reportedly refuse to provide activity schedules for fear employees will construe schedules as contracts for working hours. Some employers want DSHS to gather information solely through the Work Number, which is a database to which employers submit data that can be used for employment and wage verification, so they do not need to respond individually to these types of requests. Applicants working for employers refusing to cooperate would be found ineligible for benefits under current processes.

Custody or visitation arrangement verifications also were identified as particularly challenging for families to provide. Families without a parent in the household must provide a signed statement from

Promising Practice: In Arizona, Child Care Specialists utilize the Department of Economic Services Office of Internal Affairs as needed to substantiate household circumstances. (AZ 2012/13 CCDF Plan)

both parents regarding the custody or visitation arrangement when not court ordered. This is difficult for families with circumstances that make it challenging or impossible to communicate with the other parent, such as in situations of rape or incarceration.

In general, **child care subsidy verification requirements are not coordinated with other work support verification requirements or processes** in Washington. Focus group participants consistently cited the lack of coordination in terms of the types of documentation required, the lack of document sharing, and timing/alignment of spans as creating additional work and problematic.

Promising Practice: West Virginia established a closed email system between its child care and TANF systems so TANF applicants did not have to provide duplicate documentation (though they still had to submit a separate application for child care). In other states, including Indiana, Iowa, Minnesota, and Ohio, parents did not have to resubmit documentation that was already on file with TANF. (Adams, Snyder, Banghart 2008).

The following table shows the number of applications approved, denied, and pended from March through August 2012 as of the beginning of September 2012. Although we do not have data regarding denial reasons, eligibility workers believe the majority of denials are a result of verifications not being submitted. As of September, no pended cases exist from March through May. These numbers grow as they approach September because more work remains incomplete from more recent applications. Approval and denial numbers appear smaller in more recent months because of the growing amount of pended work.

Table 9: CCSP Approvals, Denials, Pends March – August 2012

Month	Received	Approved	% Approved	Denied	% Denied	Pended
March	11,950	6,935	58.0%	4,955	41.5%	0
April	11,324	6,535	57.9%	4,750	42.1%	0
May	11,266	6,454	57.5%	4,767	42.5%	0
June	10,627	6,623	62.5%	3,964	37.4%	2
July	10,839	6,400	59.3%	4,177	38.7%	210
August	12,195	6,469	53.5%	3,480	28.8%	2,148
Average	11,367	6,569	58.1%	4,349	38.5%	787

Related to the verification requirements is Washington’s method of determining the number of hours for which a family is authorized to use child care subsidies. Eligibility workers are required to determine the number of full time units, part time units, and overtime for which each child in a family is eligible. **Units of care and times in which care can take place are more closely tied to work**

schedules than in most other states. This approach adds a high level of complexity to authorizations and requests for payment, which can result in quality issues. Before October 2011, DSHS used a 110-hour rule, which allowed eligibility workers to approve full time

Promising Practice: Many states use family work schedules only to determine the total maximum number of hours of assistance that should be authorized and/or whether a provider can be reimbursed for part-time or full-time care. Within that authorization, providers can charge for whatever care is used, up to the maximum. Although this approach raises a concern that some providers might charge the maximum whether or not children attend, additional costs in terms of provider payments are offset by savings in administrative costs as caseworker and parent burden for establishing, verifying, and maintaining schedules is reduced. Further, this approach acknowledges that providers face certain fixed costs and, thus, it aligns with private-pay policies in which providers charge parents in advance for a slot, whether or not children attend. (Snyder, Banghart, Adams 2006)

care for anyone working more than 110 hours per month. Under this approach, clients had flexibility to shift child care subsidy hours based on changes to their activity schedules. This policy was changed to the more rigid current approach because of problems with providers over-billing. Many clients work variable schedules, meaning they work different hours each week, often in retail or food service employment. The

Promising Practice: In Kansas, retroactive payment based on actual hours of care has been eliminated. Instead, benefits available for the month are considered proper payments if the family was eligible for that benefit level at the first of the month. (Walter R. McDonald & Associates 2007)

units of care approach results in less flexibility for clients to adjust their child care hours to their shifting employment hours, which means clients need to report changes or otherwise work with eligibility workers to adjust coverage units. This calculation method creates extra burden and challenges for clients and providers, additional workload for eligibility workers, and extra errors because of the level of precision required.

Workers participating in site visits and key informant interviewees consistently cited the administrative separation between DEL and DSHS as contributing to these

documentation and verification policy challenges. DEL manages CCSP policy, and, according to site visit attendees and key informants, often makes policy decisions without sufficient collaboration with DSHS. The separation between policy and process/operations does not always result in policies supporting optimal operations, which negatively impacts applicants and clients trying to access and retain subsidies.

Table 10: Documentation and Verification Implications

Policy	<ul style="list-style-type: none"> • Activity schedule documentation requirement creates burdens for staff and clients, presents obstacle to CCSP participation, and contribute to inaccuracies in payments/program integrity concerns. • Custody/visitation verification requirement creates burdens for staff and clients, presents obstacle to CCSP participation, and contribute to inaccuracies in payments/program integrity concerns. • Self-employment verification requirement creates burdens for staff and clients, presents obstacle to CCSP participation, and contribute to inaccuracies in payments/program integrity concerns. • Change reporting policy creates problem of CCSP not learning of changes reported to other DSHS agencies, which may cause accuracy issues. • Unit of care approach for determining when families can use child care subsidies is less flexible than previous approach and approaches of most other states, and creates hardship for families with variable schedules, and burden for child care eligibility staff.
Administrative Structure	<ul style="list-style-type: none"> • Lack of alignment between policy and process partially as a result of DEL and DSHS roles and responsibilities and limited communication or collaboration across administrative lines.
Information Technology	<ul style="list-style-type: none"> • Additional reliance on paper documentation has limited use of electronic sources of verification, creating additional work for families and eligibility workers.

Churn

Many families making up the approximately 40 percent of applications and reapplications denied monthly reapply for benefits. DSHS will determine a large number of these individuals eligible for subsidies after the reapplication process. **If families were**

Promising Practice: “Pennsylvania allows families to stay in the program if their income increases without interim reporting. The family reports changes at the planned redetermination period. The state also allows continued eligibility without required interim reporting for 60 days due to involuntary loss of work or the parent’s completion of an education or training program.” (Ewen and Mathews 2010, p. 5)

previously receiving subsidies, this denial and reapplication process creates additional work for families and workers, and can sacrifice continuity of care for children. This phenomenon of losing and regaining benefits with small gaps in service is called churn. Churn creates problems in terms or

rework for clients and eligibility workers, which does not meet clients' timing expectations. Churn undercuts program goals of supporting parents in remaining connected to employment and child development through continuity of care.

Washington CCSP applications are only valid for 30 days. Families receiving a pend letter for additional verification close to the 30-day mark have very little time to respond before having their application/reapplication denied. These families must reapply. The backlog of work causing eligibility workers to process cases close to their expiration exacerbates churn issues.

WCAP automatically closes cases for families who fail to contact DSHS regarding reapplications on the last day of their certification period. Neither eligibility workers nor the system follow up with families to try and help them remain connected to subsidies in these cases.

From November 2010 through October 2011, 5,240 total families (437 average per month) experienced a one-month gap in service. During that same timeframe, 2,278 total families (207 average per month) experienced a two-month gap. That means approximately five percent of total child care subsidy applications received in that timeframe were reapplications created as a result of churn.

Promising Practice: "Delaware recently revised its interim reporting requirements and has limited the need for reporting to very few situations. All families remain eligible for 12-month assistance unless the following occurs: the child moves out of or is removed from the parent's/caretaker's home; the child moves out of state; the child is deceased; or the parent/caretaker does not cooperate with child support requirements. Additionally, the child care parent fee will not change during the authorization unless the parent/caretaker in a single parent home loses his or her job or one or both parents in a two parent home lose his or her job." (Ewen and Mathews 2010, p. 5)

Table 11: Churn Implications

Policy	<ul style="list-style-type: none"> The 30-day application timeframe without an option to revert recent applications or reapplications to open may add to churn issues. Washington Basic Food has a waiver allowing cases to be reverted to open. Verification policies cited previously decrease ability of eligibility worker to process application/reapplication fully at first touch, exacerbating pend, denial, and, as a result, churn.
Process	<ul style="list-style-type: none"> Large numbers of pended applications create processing delays, increasing chances that applications will be denied for exceeding 30-day timeframe and potentially add to subsidy churn. Child care eligibility workers do not contact clients nearing the end of their eligibility period to help them remain on subsidies. This is done in Washington for general work support programs.
Information Technology	<ul style="list-style-type: none"> WCAP auto-terminates cases without client action on last day of certification period.

Communication and Coordination

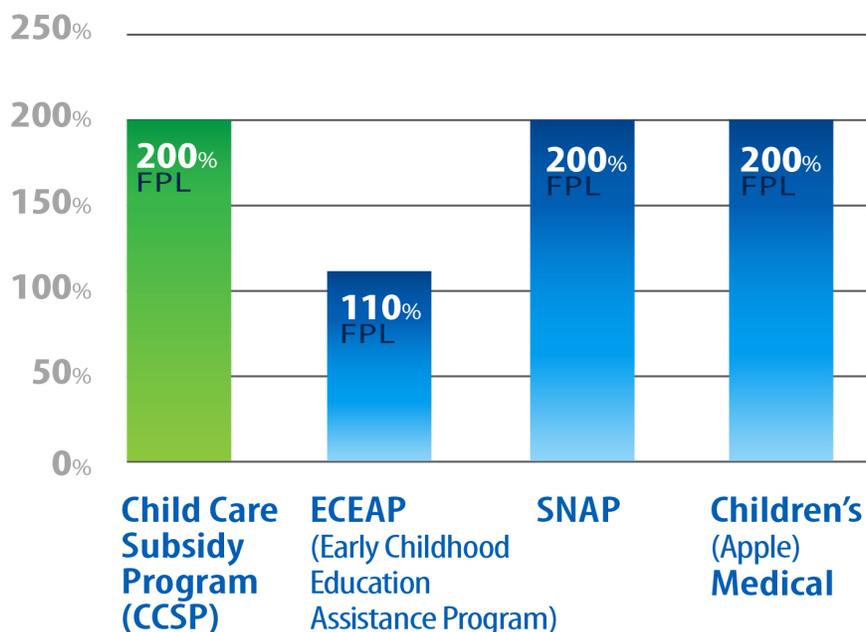
Communication and coordination challenges exist within DSHS and between DEL and DSHS. These challenges present problems in terms not meeting timing or quality requirements from a client's perspective, and creating extra process steps and more handoffs.

As discussed in the managing work section, site visit participants report that **DSHS leadership over the broad array of work support programs make decisions about shifting priorities** between phones and batch work based on metrics and complaints to the Governor or Legislature. Some felt this occurs without adequate discussion with child care staff. DSHS management's goal is to maximize efficiency and agilely manage to shifting priorities. It was reported that the minimal communication frustrates child care supervisors and creates a feeling of limited control or ownership over the work processes.

Child care subsidy and general work support eligibility workers do not communicate or coordinate.

This results in an uncoordinated approach for families accessing multiple benefits, meaning extra work to apply for and remain connected to benefits. Approximately 25 percent of child care subsidy clients also receive WorkFirst benefits. While we were not able to access data regarding client overlap with other programs, we empirically heard from families in focus groups and through child care eligibility workers that most families also receive children's medical or Basic Food benefits. Communication is limited in part because eligibility criteria, definitions, policies, and processes are not aligned across programs, meaning information shared across program lines could result in negative, unintended consequences.

Figure 6: Comparison of Gross Income Test for CCSP and other Work Support Programs³



³ SNAP FPL represents income limit for non-elderly, non-disabled households.

Child care eligibility workers across the State do not regularly communicate. Workers are completing similar functions across the State in different locations with very limited interaction. This has added to the challenges associated with the transition from individualized caseloads to a shared, universal caseload, including ongoing inconsistent approaches to work.

Policy changes made at DEL are made with limited input from DSHS. This uncoordinated approach has sometimes resulted in policies creating negative, unintended impacts on families' abilities to connect to child care subsidies. Examples of recent policy changes creating process problems are:

- **Child support cooperation and income inclusion** – DEL required parents to cooperate with child support as a condition for receiving CCSP benefits from July 2011 through June 2012. The cooperation requirement was onerous for families and staff to implement, and was eliminated as of June 6, 2012. However, child support was added as an income requirement for individual children in a case, requiring child care eligibility staff to use child support income in determining family size and copayments, and possibly create separate assistance units within a household. Just over 25 percent of child care subsidy cases have child support income associated with the household. Existing rules around household size determination and WCAP do not support the child support income determination regulation.
- **Basic Food Employment and Training activity requirements** – Before August 20, 2012, DEL required parents participating in activities through Basic Food Employment and Training (BFET) to

Promising Practice: DSHS central office maintains a database of policy clarifications accessible to all general eligibility workers. Eligibility workers use the database to support policy interpretation when determining eligibility. The database has strict management protocols to ensure it remains a viable tool. Work support programs constantly monitor the types of clarifications coming in, using this information as data to improve rules. Workers no longer use exception to the rule (ETR) processes to ask for permission. ETR processes slow down eligibility decisions. Rather, management asks workers to use their discretion within guidance included in the regulations and clarification database. This is balanced by data that is gathered in quality monitoring to ensure policy is being applied appropriately.

Promising Practice: States that have implemented a process focus have put in place administrative structures supporting regular, ongoing communication between operations, policy, and information technology staff to analyze process metrics and other forms of feedback. They use this information to define problems in the eligibility system and develop solutions to resolve them. They do not expect the solutions to be perfect, but rather part of an agile approach to continuous quality improvement.

engage in additional minimum work requirements. Prior to this requirement, parents engaged in BFET activities were eligible for CCSP benefits without additional activity requirements. Approximately two percent of the child care subsidy caseload is made up of cases with BFET activity. DEL is planning to restore the previous policy, but in the

meantime has requested DSHS staff to make exception to the rule (ETR) requests for BFET clients not meeting the additional work requirements. ETRs require four approvals, and generally take about a week to process.

- **WorkFirst activity requirements** – DEL required parents participating in a subset of WorkFirst activities, including domestic violence supports, mental health treatment, and substance abuse treatment to be approved through an ETR process for these activities to meet CCSP requirements. Previously, all WorkFirst approved activities were considered as meeting child care subsidy activity requirements. No rule exists from which workers can request an exception, since WorkFirst activities meet child care activity requirements by rule. The ETR requirement adds time and effort to the eligibility determination process. We learned on our final site visit that this policy is being removed.

According to eligibility workers, in addition to DEL not working collaboratively with DSHS to analyze process impacts of policy changes in advance to implementation, **limited communication and training occurs once new policies are put in place.** We heard during our site visits about new policies being implemented for two weeks before receiving a memo outlining the changes or instances when there was no communication at all accompanying policy changes. In addition to limited communication and training on policy changes, multiple sources intended to explain or guide process decisions (WAC, policy manual, and process handbook), often create substantial room for interpretation and inconsistency in the process.

Promising Practice: Arizona maintains full-time policy and systems “help desks” that Child Care Specialists can access for support. Staff can call with policy or system questions to ensure appropriate application of policy when determining eligibility. (AZ 2012/13 CCDF Plan)

Table 12: Communication and Coordination Implications

Policy	<ul style="list-style-type: none"> • Lack of alignment across program policies and definitions necessitates limited/no communication between child care and general work support eligibility workers, meaning families need to jump through multiple hoops to connect to child care subsidies along with other work support program benefits. • ETRs are an inefficient approach to creating blanket/statewide exceptions to policy, delaying benefits for clients and creating additional workload. ETRs are used as workarounds for policy and process problems, rather than for true exceptions.
Process	<ul style="list-style-type: none"> • Limited communication between DSHS management and child care staff creates feeling of disempowerment in CCSP management. • Limited communication across child care eligibility offices/staff allow inconsistencies from individualized caseload past to continue into the present. • Limited training on policy changes creates process inconsistencies.
Administrative Structure	<ul style="list-style-type: none"> • Policy decisions are made without coordination with eligibility workers, creating a disjointed system where process impacts are not guiding policy.
Information Technology	<ul style="list-style-type: none"> • Policy decisions are made without coordination with information technology, creating situations where policy cannot be implemented using existing tools.

- Separate eligibility systems exacerbates lack of alignment between child care subsidies and other work support programs.

Culture, Staff Ownership, and Program Integrity

When Washington moved from individual caseloads to a universal, statewide child care subsidy caseload, the sense of ownership over cases was lost. The site visits unearthed **no feeling of shared responsibility for the work**. It seems that there was a shift from workers taking pride in their office's or region's work to a feeling that no one is responsible for the workload or case outcomes. **Lack of standardized new employee or ongoing training for child care eligibility workers creates a culture supporting inconsistent approaches to completing work**. Ongoing inconsistencies may enforce regional or office divisions.

Despite common goals, an **"us versus them" mentality seems to exist between DEL and DSHS**, particularly at the eligibility worker level. Both agencies feel stress from knowing families are not able to access subsidies easily or often timely. The limited communication between the agencies and the resultant process inconsistencies and inefficiencies may exacerbate the stress and feeling that one agency is not collaborating with the other to find a solution to the problems.

Promising Practice: Idaho implemented a successful culture change initiative to support its new health and human services benefits service delivery model focused on efficient processes and customer service. The State had to overcome "us versus them" culture regarding central office and field staff. Culture change included marketing with field staff, and working with them to define implementation approach for each office.

DSHS and DEL **do not have a culture of building quality into the process to support continuous quality improvement**. Audits and other quality assurance work are focused on identifying problems after they occur, and do not necessarily create positive changes in system outcomes. Identifying problems after they occur does not allow for improvements to be made during the process. A high quality process is one that builds improvement into the process during every step. Continuous quality improvement should seek to make sure that work at every step in the process is 100 percent complete/accurate.

Fraud/abuse prevention is highly concentrated in the eligibility determination function. Eligibility workers are encouraged to ferret out situations in which parents might be lying about circumstances. Also, the authorization of payment structure is designed to minimize claims for care that is not needed. This

Promising Practice. States allow for certain conditions of eligibility to be verified by caseworkers through client self-declaration. In these cases, other staff or units are responsible for identifying and pursuing instances in which clients willfully declare incorrect information.

problem is related to the approach of determining units of care. Eligibility workers are required to determine eligibility for subsidies in an exceptionally precise manner, which does not allow for client activity schedule variations or other small changes. Any imprecision is considered an error based on policy. In site visits, case workers talked about their role as being the police overseeing public tax dollars. In the current

system, both of these functions add burden to the eligibility determination process. Having fraud and abuse prevention as part of the eligibility worker's role creates problems in terms of not meeting client timing requirements as well as additional documentation from clients and the associated back and forth.

These culture, staff ownership, and program integrity issues create problems in terms of the lack of standardized quality work and variances between workers, associated rework, and a negative undertone to the work conducted.

Table 13: Culture, Staff Ownership, and Program Integrity Implications

Process	<ul style="list-style-type: none"> Insufficient training allows office and regional differences to exist within a universal caseload model.
Administrative Structure	<ul style="list-style-type: none"> Limited communication and collaboration allow “us versus them” sentiment to exist between DEL and DSHS. Child care subsidy eligibility workers’ fraud and abuse prevention responsibilities create additional burden on the eligibility process.

Child Care Providers

Although this analysis focuses primarily on processes related to client access and retention of child care subsidies, issues surrounding child care providers are pertinent for a number of reasons. Families must

Promising Practice: In Arizona, automated decision notices mailed to ongoing clients include an insert which contains information on assistance in locating a child care provider, and directing the client to contact CCR&R for additional assistance. (AZ 2012/13 CCDF Plan)

select an approved licensed or license-exempt provider prior to expending subsidies. Some providers also play a pivotal role in clients’ application and reapplication processes. Issues around educating consumers regarding child care quality are central to the question of whether to

retain eligibility processes separate from quality discussions, or to change the process to support integrated quality conversations. As stated previously, we do not examine this issue in depth, but consider it briefly because of its implications on placement decisions. These issues relate to problems around choice and continuity of care, timing concerns from a client’s perspective, documentation being sent back and forth with clients and providers, and quality versus access.

Promising Practice: In many states with Quality Rating and Improvement Systems in place, child care assistance caseworkers give parents information about the rating system and provider databases include information about star ratings of individual providers.

DEL’s licensors manage the provider approval process for licensed providers. Once providers are licensed, they are set up in the payment system (SSPS), and eligibility workers can then authorize payments to those providers for families found eligible for subsidies without needing to complete additional paperwork or data entry. Families selecting a license-exempt provider to care for their children, such as a relative, friend, or neighbor, must have the provider complete a background check and application, and submit copies of a photo identification and

social security card to become an approved provider. DSHS child care eligibility workers manage this process, not DEL licensors. **The license-exempt provider approval process is challenging** in terms of the form, which we empirically heard is often sent back and forth numerous times for even seemingly minor issues. The legibility of picture identification is also often an issue, with multiple versions of identification documentation required before the photo is determined legible enough to pass standard. Criminal background checks are conducted by DSHS’s Background Check Central Unit (BCCU), and can be slow. Once a license-exempt provider passes the criminal background check, has a complete application including legible photo identification, the child care eligibility worker must enter the provider into SSPS to authorize payments. Child care workers from our site visits said applications or reapplications associated with a license-exempt provider application generally take about twice as long to complete.

Larger licensed child care centers often play a central role in connecting their clients to subsidies. Large centers often have staff who complete applications with or for clients and make calls to DSHS on behalf of their clients. In parent focus groups, parents with children in large centers were unaware of many of the issues cited by other parents such as long hold times and forced disconnects. The cost of participation shifts in these cases from families to providers.

Promising Practice. Arizona policy requires Child Care Specialists provide information to the client at the initial interview to help them make an informed choice regarding types of child care arrangements, including Head Start and public preschool. Child Care Specialists must document the discussion in the case file. (AZ 2012/13 CCDF Plan)

In the current system, **families do not receive information regarding quality during the eligibility process.** Applicants or clients requesting such information are directed to call Child Care Aware, which operates a statewide call center for child care resource and referral needs. According to Child Care Aware, 12 to 20 percent of families receiving CCSP benefits use their resource and referral services. These services are currently limited to general factors families should look for in quality child care settings and an alphabetized list of providers in good standing with DEL licensing, meeting a family’s criteria. Washington is just beginning to implement a quality rating and improvement system (QRIS). This will eventually lead to quality conversations regarding specific providers.

Table 14: Provider Implications

Process	<ul style="list-style-type: none"> The application form and photo identification standards create obstacles for license-exempt providers to become approved to receive subsidies.
Administrative Structure	<ul style="list-style-type: none"> DSHS child care eligibility workers manage the approval process for license-exempt providers, and DEL licensors manage the approval process for licensed providers.
Information Technology	<ul style="list-style-type: none"> The complexity of SSPS creates problems for child care eligibility authorizing provider payments correctly.

IV. SUBSIDY ELIGIBILITY PLACEMENT

Washington asked the Aclara Team to analyze the issue of placement and recommend where eligibility processes should be located to best support business processes moving the state toward the vision created jointly by DEL and DSHS. We considered ongoing placement within DSHS or moving eligibility to DEL or a third party contracted entity. Our recommendation, from a business process, lean lens, is to leave client eligibility within DSHS.

Moving the subsidy eligibility system as it currently exists will not resolve the problems within the system. Simply having the eligibility operations under the same agency umbrella as the policy makers does not mean communication will improve. The hard work outlined in the recommendations section has to be done to support improved outcomes. There is a considerable amount of work to be done to improve policies, processes, and information technology, which should jointly address many of the problems we observed in the CCSP system.

Promising Practice. In Maryland, the CCDF is managed by the Child Care Subsidy Branch in the Division of Early Childhood Development (DECD) in the State Department of Education. Other DECD branches manage child care licensing, credentialing, quality initiatives, and state pre-k programs. Through an MOU between the DECD and the Department of Human Resources, eligibility for child care assistance is determined by local Departments of Social Services. Invoices for payment are processed by DECD through a special Subsidy Payment Processing Unit and checks are issued by the State Comptroller's Office.

Nationally it is most typical for child care subsidy eligibility determination to take place through local or state departments of social services that also determine eligibility for other work support programs. Likewise, it is most common for the lead agencies for the CCDF to be housed in the social services state agency. In cases when the CCDF lead agency is a department of education or of early learning, this agency typically works closely with the social services agency to administer. In almost all cases, the social services agency

Promising Practice. In Illinois, the Department of Human Services (IDHS), the agency responsible for other family support programs (including TANF, SNAP, and Medicaid eligibility determination), manages the CCDF. IDHS contracts with local Child Care Resource and Referral Agencies (CCR&R) in 16 service delivery areas across the state to determine family eligibility for child care assistance and to manage payment processing. After invoices are processed by CCR&R, IDHS issues payments to providers.

retains responsibility for many subsidy functions for TANF families and they often also manage eligibility and payment/provider functions for other families as well.

When other organizations are involved in subsidy administration, it is almost always in the form of contracts with local community-based organizations (most often CCR&R but sometimes other types of organizations). We are not aware of another state with a Department of Early Learning (or their equivalent) directly administering major components of eligibility for subsidies or payment authorizations.

Moving eligibility processes at this point would most likely delay focus on the core problems of the system, or possibly even exacerbate problems, since the root causes of the problems are not associated with where the system is located. A move would require in depth organizational readiness work, including human resources/staffing planning to ramp down resources at DSHS and ready them in DEL or with a contracted entity, transition planning, training to prepare new staff, communication planning, facility planning, information technology planning, and other change management planning. This is a large undertaking that does not address the core problems with the CCSP system or inadequate resources coupled with complex policies, inefficient operational procedures, and insufficient technology supports.

Promising Practice. In North Carolina, the CCDF is overseen by the Division of Child Development and Early Education (DCD) in the state Department of Health and Human Services. The Division of Child Development is responsible for establishing CCDF policy that is not subject to local discretion and supporting local purchasing agencies (LPAs) in the administration of the child care subsidy program. LPAs (most often county departments of social services) are responsible for determining family eligibility, managing provider enrollment, and authorizing provider payments through the statewide Subsidized Child Care Reimbursement System. In addition to child care subsidy, the DCD is responsible for child care licensing, and quality initiatives.

LICENSE EXEMPT PROVIDER APPROVAL SPECIALIZATION

As we analyzed the question of placement, we look first at the question of keeping all of the components of the current subsidy eligibility process together or splitting them into smaller components. We specifically analyzed the process in terms of client eligibility determination (income and categorical eligibility), payment authorization, and license-exempt provider approval/registration. In addition to these components, there is a new factor DEL may want to add to the eligibility process, namely counseling about child care options. Currently client eligibility determination, payment authorization, and license-exempt provider approval/registration are completed by one agency – DSHS – as a specialized unit separate from general work support eligibility. Shifting these components from one worker to another or from one agency to another will potentially alleviate workload for some and exacerbate it for another. Separating any of the components will create a seam for someone, which will need to be managed through operational processes and information technology supports.

Payment authorization (determining the amount of care for which a client is authorized based on activities and setting up care/payment with an approved provider) is really a component of completing the client eligibility process. Inserting a handoff or seam between client eligibility determination and payment authorization could create coordination challenges that likely would decrease overall system efficiency. Clients would need to interact with at least two workers to complete the process. However, if child care subsidy policies are aligned with work supports, this split between eligibility determination and payment authorization would occur for any placement options where child care eligibility workers are specialized and

separate from general work support eligibility. If policies were aligned, allowing child care subsidy eligibility to be "deemed" based on eligibility for SNAP, for example, then the seam has less impact on clients. Clients would have an "integrated" application process with a generic worker, and once deemed eligible, would only have to follow up on the payment authorization with a specialized worker if information is missing to complete this component of the process.

License-exempt provider approval is an aspect of the current process that could make sense to break out on its own, and the Aclara Team recommends these functions be specialized. Twenty percent of children and youth receiving subsidies in federal fiscal year 2010 received care from license exempt providers.⁴ These provider approvals could fall under the purview of DEL, or specialized staff within DSHS. If this component of the process is separated, the State will need to put in place measures to ensure families selecting license-exempt providers do not have their eligibility processes slowed as a result of this separation. Strong communication channels related to case status and hand-offs and metrics must be established to ensure system efficiency and responsiveness for these families.

EVALUATION CRITERIA

We analyzed the question around placement using evaluation criteria, which align with the overall project vision. The Aclara Team suggested an initial set of evaluation criteria based on our experience with similar projects and key considerations for this project identified during key informant interviews, site visits, and parent focus groups. We validated the criteria with DEL and DSHS project leadership. The factors used to evaluate placement of CCSP eligibility services were:

Table 15: Evaluation Criteria

Criteria	Definitions
Customer Service	How easily clients can be connected to and retain child care subsidy program information and benefits.
Efficiency	The amount of work required by clients, staff, providers, and employers to complete an application, reapplication, or change reporting process. This criterion also examines the accountability or integrity associated with the alternative.
Cost	The relative cost of the alternative, both in terms of resources and opportunity cost. We analyze costs for the program and costs related to the system under this criterion, including the costs of subsidies and administrative costs.

⁴ ACF-801 data for FFY 2010.

Criteria	Definitions
Risk	The probability that the alternative will not be successful, will go over the proposed budget, will not meet the time frames for the project, as well as the willingness and ability to manage the various risks. Risk also will look at potential unintended consequences.
Acceptability	How politically or administratively acceptable this alternative is, from a cost, risk, and business process impact perspective.

DSHS specializes in eligibility determination, and from a lean, business process perspective, maintaining the status quo in terms of placement is the best approach. This is a low risk approach, which can successfully improve customer service and efficiency. If DEL and DSHS align child care subsidy policy with work support policies, child care eligibility workers could no longer need to determine financial eligibility for clients approved for Basic Food or WorkFirst benefits. If child care remains specialized in DSHS, child care eligibility workers could receive an automated referral after Basic Food or WorkFirst benefits are authorized, and complete payment authorization work to finalize the CCSP eligibility determination. If child care subsidies are reintegrated into the broader work support processes, the general eligibility worker would authorize payment to finalize the determination without a handoff. Approximately 25 percent of the CCSP caseload also receives WorkFirst benefits, and the remainder most likely receives Basic Food or children’s medical, since income eligibility for these programs aligns with CCSP. The Aclara Team recommends reintegrating CCSP eligibility determination with WorkFirst in the short term, and then consider further integration with Basic Food and medical once policies align.

Table 16: Retaining DSHS Placement Considerations

Customer Service	<ul style="list-style-type: none"> Regardless of whether child care remains specialized from or is further coordinated with general work supports, clients applying for multiple benefit types should only need to apply and provide information once because of aligned policies and increased use of electronic verifications. The reduced workload resulting from less client eligibility work resulting from aligned policies eliminating or reducing duplicate income eligibility determinations, could mean more staff available to complete batch work and answer client calls, resulting in improved customer service. Once policies align and CCSP processes are integrated with general work supports, clients receiving multiple benefits will only need to interact with one eligibility worker, using Washington’s task-based model, who will be able to process eligibility and answer questions regarding the suite of programs for which they are applying. Clients will be able to use additional access channels – particularly they will have the option of face-to-face interaction with caseworkers statewide.
Efficiency	<ul style="list-style-type: none"> Combining the responsibility for all health and human service programs in one worker

	<p>means removing handoffs between eligibility workers and less reliance on electronic data sharing.</p> <ul style="list-style-type: none"> • Eligibility workers will need to use multiple systems for families applying for multiple benefits. Data should be shared seamlessly between systems, but there remains the possibility of reduced worker efficiency if they need to work in multiple systems. • With workers trained in multiple programs, management will have the ability to more flexibly manage workloads, thus better responding to variances in batch and phone call volumes. • Families would only need to apply, report changes, and reapply once for multiple benefits. One worker could answer clients' questions on all programs. • Integrating CCSP operations management with general work supports may help to better identify opportunities for further simplification and alignment ongoing in support of front line workers and customer service. • Additional resources will be needed to support increased efficiency. It is clear that additional resources are required in the short term to clear the work backlog. We do not have sufficient data to determine whether policy and process improvement work will create adequate efficiencies to support the workload in the long term.
Cost	<ul style="list-style-type: none"> • Additional resources will be required to adequately manage the program, particularly in the short term, which will increase the administrative cost of the program. • Supporting seamless information sharing between general work support and CCSP will require additional investment in information technology. • Workers would need to be trained on all general work support programs and CCSP, which would require additional investment. • Having resources trained on all programs would support more efficient operations management, which may result in lower overall costs across CCSP and general work support programs. • Offices may need to be reorganized to best incorporate CCSP eligibility workers. • DSHS would need to communicate with families to help them understand and successfully navigate the transition.
Risk	<ul style="list-style-type: none"> • If integration of CCSP with general work support eligibility occurs before policy and process alignment/simplification, there is a risk of increased inefficiency and accuracy problems as workers move between programs with differing requirements. • Cross-program training and restructuring management could be a timely endeavor, and may exceed scheduled timeframes. • DSHS may need to increase the number of WorkFirst program specialists or remove some of their responsibilities to ensure they are able to incorporate child care subsidy processes into their workload. • Could create issues for WorkFirst clients when their cases close. They would need to

	<p>transition to a different category of eligibility worker (general work supports) to continue CCSP subsidies, which is generally at a time when the family is transitioning to self-sufficiency and is most vulnerable.</p> <ul style="list-style-type: none"> • Potentially the framework and goals/culture of the TANF system could dominate child care for joint WorkFirst/CCSP families, even further removing operations from the DEL culture and framework.
Acceptability	<ul style="list-style-type: none"> • Retaining the current approach may be less politically acceptable because it looks like less action is being taken to rectify performance issues. However, the effort involved in implementing the large number of policy and process recommendations is significant, and putting effort into a placement change that does not address the core problems would be administratively and politically unacceptable. • This analysis and recommendation are based off subsidy eligibility processes. They do not take into account how to best integrate a focus on child development into the subsidy program that has traditionally focused more on supporting work and self-sufficiency. If this is a driver of placement decision-making, retaining eligibility processes in DSHS may be considered less administratively acceptable because it does not include this developmental integration focus. • Retaining or increasing the collaboration between child care subsidies from general work supports may be considered administratively acceptable because it could be seen as demonstrating more support for working parents and self-sufficiency. • Keeping the current administrative structure will create less stress and uncertainty with eligibility workers.

FUTURE PLACEMENT CONSIDERATIONS

If, in the future DEL and DSHS determine the improved CCSP system is not meeting business goals, then they should jointly reconsider the issue of placement. More specifically, additional analysis around the question of placement will be needed if the subsidy eligibility focus of this project does not incorporate or adequately address concerns about how to better integrate CCSP policies and processes with a focus on ensuring that children receiving subsidies have access to good quality child care supporting their development. It is our recommendation that DEL and DSHS address the fundamental problems in the system hindering access, efficiency, and effectiveness before changing the system location to meet quality care-related goals.

V. PROCESS IMPROVEMENT RECOMMENDATIONS

This section contains recommendations based on the problems and associated policy, process, administrative, and information technology gaps we identified in the previous section. The recommendations included in this section should be considered regardless of which agency is responsible for the eligibility determination process.

We found through the value-stream mapping exercise we conducted with eligibility specialists and the DSHS data that most of the time associated with processing applications and reapplications is in the wait or delay time (W/DT). The actual processing time is relatively short- between 12-30 minutes depending on circumstance. As we mentioned previously, there is also an indication that applications require multiple touches, which amplifies the impact of the wait or delay time and also the hands-on processing time.

Many other states who have taken on similar BPR initiatives have instituted same-day processing for this very reason- every time a case must be pended, it adds touch time, delay time, and increases the chances that a customer will call the toll free line to inquire about status. This is why our policy and process recommendations focus on increasing the rate of applications that can be processed with one touch on the same day.

More data is needed to be able to calculate savings exactly, but we were able to calculate a range of savings estimates assuming each month there are on average 12,000 applications submitted, and on average workers spend about 12 minutes processing each time they touch a case. Currently DSHS is on average processing 7.7% of applications on the same day. If they could increase same-day processing to 50% through streamlining and simplification, it could eliminate up to 5.86 FTEs of work.

Figure 7: Estimate of Annual FTE Savings through Same Day Processing

Estimate of Annual FTE Savings by Increasing the Number of Applications Processed Same Day				
Applications per Month	Percent of Applications Processed Same Day	Pended Applications	Savings in Days over Current Practice	Annual FTE Savings
12,000	7.7%	11,076		
12,000	10.0%	10,800	83	0.32
12,000	20.0%	9,600	443	1.70
12,000	30.0%	8,400	803	3.09
12,000	40.0%	7,200	1,163	4.47
12,000	50.0%	6,000	1,523	5.86

For families, the customer service impact is most felt in the wait or delay time. Based on data from DSHS, each time a family submits something to the agency, like an application or verification item, the delay time is on average 27 days. That includes seven days for customer returning information and scanning into the document management system, plus an average of 20 days in batch before the first action is taken. Assuming again that an average of 12,000 applications are submitted per month, and each application takes approximately 20 minutes total of processing time, if the proportion of applications processed the same day increased to 50%, then it would eliminate 161,750 days of wait or delay time. That's an average of approximately 13 days for each applicant family per month.

Figure 8: Estimate of Wait or Delay Time Savings through Same Day Processing

Estimate of Waiting/Delay Days Eliminated by Same Day Processing			
Percent of Applications Processed Same Day	Days to Work Same Day Application Processed in 20 Minutes	Waiting/Delay Days Eliminated by Same Day Processing	Wait/Delay Days Eliminated by Same Day Processing per Application
7.7%	38.5	24,910	2.08
10%	50	32,350	2.70
20%	100	64,700	5.39
30%	150	97,050	8.09
40%	200	129,400	10.78
50%	250	161,750	13.48

POLICY

Policy changes recommended here are primarily focused on fixing the child care subsidy system. Child care subsidy program policies should support efficient processes for clients.

Washington should **eliminate or simplify activity schedule requirements** to not require paper documentation from employers on all cases to authorize care/payment. Washington's policy does not specify that paper documentation be used, rather a February 2012 memo is the cited source of this requirement. Federal Child Care and Development Block Grant (CCDBG) law does not include specific guidance or requirements around the collection of work schedules and/or hours for the purposes of

determining eligibility. Some states without minimum work requirements do not request any verification of activity schedules. Others use a variety of sources, including income verification and client statement.

Washington should **simplify the approach to calculating units of care**. This will support increased flexibility for families with variable schedules. CCDF law and guidance do not require child care subsidy hours be tied to activity hours. The State should create broad authorization categories so relatively minor changes in work schedules do not require a change in authorization. Washington could consider using full-time and part-time authorizations, similar to the previous 110-hour rule. An electronic attendance system, such as proximity cards, swipe cards, keypads, biometric systems, or software solutions, currently under consideration, would support and even increase program integrity, with the less stringent approach to calculating units of care.

Simplify change reporting to only require major changes in parental circumstances be reported before reapplication. Washington could design the subsidy system to have the flexibility to account for small fluctuations in family circumstances. DEL could allow for temporary income increases or other temporary changes, such as a parent on maternity leave or child temporarily visiting a non-custodial parent, without loss of subsidies. DEL should **eliminate or modify custody/visitation policy** to support continuity of care.

DEL and DSHS should consider implementing policy to **allow applications and reapplications older than 30 days to be reverted to open**, rather than requiring clients to complete a new application/reapplication. This will reduce churn issues on reapplications for open cases and rework of new applications being submitted multiple times because of missing verifications and late pends.

DEL should **consider implementing tiered eligibility**, which increases the income eligibility threshold from application to redetermination, meaning families can earn more than the initial eligibility limit once they are receiving subsidies. This tiered design promotes continuity by allowing for wage growth, provides a graduated transition out of the child care subsidy program, and supports long-term self-sufficiency for families.

Washington could explore approaches to **reduce the need for families to report predictable changes**, particularly those related to school schedules. Eligibility workers could set up changes related to the start of the school year without requiring parents to report changes since the school hours and start date are known in advance. Parents could report changes related to September changes at the same time they report changes associated with the end of the school year in June. If DEL adopts a simpler approach to calculating units of care using broad authorization categories (part time/full time), a similar approach could be used at the beginning of summer to change authorization to reflect increased hours of care needed. This approach could reduce the high number of calls and change reports in June and September.

DEL and DSHS can **look to other work support systems as they consider simplifications to CCSP policy**. For example, simplifying and aligning policies with other work support program policies could create significant efficiencies. Aligning CCSP income, verification, change reporting, and renewal policy

with Basic Food could eliminate the need for separate Basic Food and CCSP financial eligibility determination for families on more than one program. This is a complex undertaking and will require a significant time commitment from DSHS and DEL to accomplish.

For joint Basic Food/CCSP clients, eligibility workers would still need to determine the amount of care to be authorized. If child care eligibility workers remain separate from general work support eligibility workers, a client jointly applying or recertifying for Basic Food could have her or his application automatically forwarded to the child care worker, who would then complete the payment authorization portion of the work. Or one worker could complete the eligibility process for both programs.

The State could realign CCSP requirements with WorkFirst policy, ensuring any family receiving WorkFirst is automatically eligible for child care subsidies. All WorkFirst approved activities should be considered CCSP approved, and the child care schedule thus mirrors the Individual Responsibility Plan (IRP).

The largest risk associated with making these policy changes is a negative impact on program integrity. However, these changes should support improved program integrity because the standards against which errors are measured will be changed and simplified. Simplifying policies, reducing reporting, and ensuring that policies recognize the complexities of families' lives will result in increased accuracy and accountability for the system as a whole.

Table 17: Policy Summary Recommendations

Policy	
	1. Eliminate activity schedule requirements or simplify to allow income verification and client statement as verification.
	2. Simplify the approach to calculating units of care when authorizing child care.
	3. Simplify change reporting.
	4. Eliminate or modify custody/visitation policy.
	5. Allow applications and reapplications older than 30 days to be reverted to open.
	6. Consider implementing tiered eligibility.
	7. Reduce the need for families to report predictable changes, particularly those related to school schedules.
	8. Look to work support policies to provide framework for CCSP simplification.

PROCESS

Eligibility processes should be simplified to reduce handoffs, backlogs, unnecessary approvals, and other steps or actions that do not add value to the overall objective of connecting families to subsidies efficiently and accurately.

DEL should **narrow the exception to the rule (ETR) process to its original intent**. This multi-step process, which often acts as a workaround to policy problems, adds significant inefficiencies. Process

documentation and training should guide eligibility workers to make consistent decisions when determining eligibility. To support this, DEL and DSHS should reduce the number of resources eligibility workers reference to make decisions. It is inefficient for eligibility workers to look up information in multiple sources of policy and process documentation when determining eligibility on a case. As policies are streamlined and simplified, DEL and DSHS can jointly **create a process manual, which interprets policy for workers**. These processes should work with the new eligibility system and its business rules functionality.

In the interim, DEL should **consider reinstating the policy clarification database** with proper management protocols to provide a centralized place for workers to find consistent interpretation of policy. Workers and supervisors should be trusted to make decisions with the tools available to them, rather than needing to ask permission to do their jobs. **Initial and ongoing training based on process documentation** should support consistency statewide.

DSHS should work to **decrease pends and increase first touch resolution**. If policies are simplified to require less paper documentation from clients, eligibility workers should be able to determine eligibility for the majority of applications and reapplications without needing to pend cases for more information. Performance metrics should reflect this objective. DSHS should measure the percentage of cases pended or resolved at first contact, and establish an objective measure for the system. DSHS should **modify audits to identify means to improve the system ongoing**, rather than focusing on individual worker performance. Audits should not incentivize rework and incomplete eligibility determinations, as currently is the case with workers afraid of being the last person to touch a case and receive the blame for all mistakes it contains, making passing the buck forward the easier and safer path. Continuous quality improvement should seek to make sure that work at every step in the process is 100 percent complete/accurate. The data should be used to support continuous quality improvement with regular policy, process/operations, and information technology meetings.

Clearer forms could support increased process efficiency. Forms should clearly state what clients need to provide at application and reapplication. As DEL simplifies CCSP policies, forms should be updated to reflect changes. If additional program alignment occurs with SNAP, TANF, or other work support programs, forms and applications across programs could be coordinated and consolidated so families only need to complete and submit paperwork once.

DEL and DSHS should **streamline the license-exempt provider approval process**. The application can be split into three separate forms, 1) the application requesting benefits 2) the licensed provider application and 3) the unlicensed provider application. Each one of these can be sent to a consumer separately as needed. The policy regarding the legibility of photo identification can be altered to reduce the amount of back and forth with providers and applicants/clients. Electronic verification sources, like the Department of Licensing, could be used instead of requesting photocopies of identification. The Aclara Team recommends license-exempt provider approval processes be specialized and separated from client eligibility processes. Other streamlining of the license-exempt provider processes should be done in line with DEL's longer-term vision for these providers.

DSHS should continue to monitor the usage of the provider phone line since the majority of calls to it are questions about parent eligibility status. Providers should be able to easily access information regarding their families, however the phone line should not be used by providers asking questions for their clients who cannot get through on the client phone line. If this is the case, DSHS may consider reducing staffing on or eliminating the provider phone line. This change could create additional capacity to process client eligibility determinations. However, other policy and process changes should reduce the overall workload, meaning clients should cease needing to find alternative approaches to access child care eligibility workers.

Table 18: Process Summary Recommendations

Process	<ol style="list-style-type: none"> 1. Narrow exception to the rule process to original intent. 2. Consider creating and implementing a process manual, which interprets policy for eligibility workers. 3. Consider reinstating policy clarification database while completing process manual. 4. Develop and implement initial and ongoing training based on process documentation. 5. Decrease pends and increase first touch resolution. 6. Modify audits to identify means to improve the system ongoing, rather than focusing solely on individual worker performance. 7. Use clearer forms to support increased process efficiency. 8. Streamline the license-exempt provider approval process in terms of the form and photo legibility.
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ADMINISTRATIVE

DEL and DSHS should ensure they **share a common vision and supporting goals for the child care subsidy program** and its delivery. This vision needs to be communicated broadly with field and policy staff. This common vision should be the underpinning for culture change effort done in concert with policy, operational, and information technology changes.

Policy, process/operations, and information technology should collaborate and communicate regularly to **implement a continuous quality improvement approach** to managing child care subsidies. These three entities should be analyzing process data to identify problems in the system and altering policy and information technology to support increased efficiency, accountability, and responsiveness in the system.

The operations portion of the system must communicate more internally to support problem identification in the system. Process and policy recommendations outlined above will help increase consistency across the State. This should in turn increase trust among eligibility workers. Management must work with eligibility workers to **create a feeling of shared responsibility and ownership** over the child care subsidy caseload. This culture change effort will require leadership to be working on the ground with eligibility

workers. DSHS management will need to communicate a consistent message about the new approach to managing the child care subsidy system and expectations of eligibility workers.

DEL and DSHS headquarters should consider front line eligibility workers as the main customer they serve. If workers have the tools – policies and processes – to make them as efficient and effective as possible, then they will be able to connect families to subsidies efficiently and accurately.

In the following alternatives analysis section, we will explore different placement and coordination options for the child care subsidy system. DSHS and DEL should analyze two roles currently filled by eligibility workers to determine whether this is where they best belong. One is the license-exempt provider enrollment role. Washington must take additional steps to complete this process, which can be naturally separated from the other eligibility functions. The other is the fraud and abuse prevention role. The inefficiencies associated with this role may diminish naturally if verification policies are simplified or the license-exempt provider enrollment role is separated from eligibility.

Table 19: Administrative Summary Recommendations

Administrative Structure	<ol style="list-style-type: none"> 1. Create and communicate common DEL and DSHS vision for CCSP. 2. Implement a continuous quality improvement approach across policy, process, and information technology to support front line worker success. 3. Create a feeling of shared responsibility and ownership over the child care subsidy caseload. 4. Consider front line eligibility workers as the main customer of policy, process, and information technology decisions by DEL and DSHS.
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INFORMATION TECHNOLOGY

Information technology is a tool intended to support efficient, consistent, accurate, and responsive processes and policies. Washington is well aware that its information technology supporting child care subsidy eligibility needs to be replaced. The current legacy systems (WCAP and SSPS) cannot be sustained for much longer because of their age. However, the State can use existing technology to better support efficient child care subsidy eligibility processes before WCAP and SSPS are replaced.

Eligibility workers should **use verifications obtained through electronic, third party verification** and gopher systems (Spider), and rely less on paper submitted by clients and employers. If child care policies align more with other work supports, eligibility workers could share documentation with these programs. These approaches would support simplified verification processes, and reduce the burden on families.

The online application should be fixed to ensure it populates data correctly into WCAP. Once it is fixed, applicants and clients should be **encouraged to use the online application** for applications and reapplications. This access channel supports coordination with work support programs in addition to early

childhood education programs at the state and local level. Increased use on the online application will reduce call-in applications and reapplications, helping to free up the phone lines. If the State implements a broader self-service site, clients will be able to upload documentation to their cases, check on case status, and submit change reports, all of which will further reduce phone calls and workload.

Washington should **consider enhancing the AnswerPhone functionality so more providers used it to check on the status of their parents' eligibility**. This could relieve some of the pressure on the phone lines, and be implemented prior to a self-service site, which will more fully meet client and provider needs.

The State also may want to **support electronic means for clients to communicate with eligibility workers** in the interim before the self-service site is complete. Many families from the focus groups requested an email address they could use instead of the phone lines. This would reduce the amount of time families need to invest in managing their subsidies.

As Washington implements a new child care eligibility system, the State should consider including the following features to better support efficient, consistent processes:

- **Coordinate payment authorization functions with eligibility determination** – the current approach of separate payment authorizations through SSPS creates rework because of incorrect authorizations. It is not important that payment authorization be located in the same system, but that the data be shared seamlessly.
- **Simplify reapplication forms** – reapplication forms should contain known information about clients. Clients then are required to note changes, rather than repeating information already known to the system.
- **Improve correspondence** – implement automated form generation, which coordinates/combines forms, reapplications, and other correspondence for households receiving multiple benefits. Prepopulate text to eliminate inconsistent communication caused by free form text.
- **Reduce narrative requirements** – automate audit trail to remove need to narrate information captured by workers in the system.
- **Reduce ticklers/alerts** – eliminate non-value add ticklers and alerts to reduce unnecessary work in the batch queue. Automate functions prompted by ticklers or alerts that do not require manual intervention.

Table 20: Information Technology Summary Recommendations

Information Technology	<ol style="list-style-type: none"> 1. Use verifications obtained through electronic, third party verification and gopher systems, and rely less on paper submitted by clients and employers. 2. Encourage the use of the online application. 3. Implement automated phone system for providers to check on family eligibility status. 4. Support electronic means for clients to communicate with eligibility workers (e.g. email). 5. Coordinate payment authorization functions with eligibility determination.
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- 6. Simplify reapplication forms.
 - 7. Improve correspondence in new eligibility system.
 - 8. Reduce narrative requirements in new eligibility system.
 - 9. Eliminate non-value add ticklers and alerts in new system.
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VI. APPENDICES

The following pages contain information gathered by the Aclara Team through key informant interviews and site visits.

KEY INFORMANT INTERVIEW NOTES

	Question	Response
Management, Vision and Organizational Structure		
1.	What is your role in the Department and in the child care subsidy eligibility system project?	<p>We interviewed:</p> <ul style="list-style-type: none"> • DEL Director, Bette Hyde • DSHS Secretary, Robin Arnold-Williams • DEL Child Care Administrator, Lynne Shanfelt • Community Services Division (CSD) Director within DSHS, Babs Roberts • The two statewide Child Care (CC) Coordinators, David Williams and Cindy McCloskey • Child Care Aware Deputy Director, Heather Moss • Assistant Director for Quality Practice and Professional Growth, Juliet Morrison • Early Childhood Mental Health and Childcare Program Manager for Foster Children, Michael Luque • DEL WCCC Policy Advisor, RaShelle Davis • DSHS Program Manager- Child Care Subsidy Programs, Aurea Nicolet-Dones
2.	What is your vision/are your goals for the child care subsidy eligibility system analysis project?	<ul style="list-style-type: none"> • Parents that need the child care subsidies are getting them timely and accurately. Access is the key. Are determinations accurate? Doesn't matter who does the work – but whether the parent is getting the best service. Comes down to the lens – quality of the child care or access as a work support. • The RFP we responded to really contained the vision for the project. She has been in her current position for three years, and hears consistently about how unfriendly the eligibility process is – from audits, families, unions, providers, etc. • DEL and DSHS tried to analyze the child care subsidy eligibility process last year to determine the gaps. They did not accomplish their goals, so they brought us in. • The team is looking forward to our objective analysis. There is a desire for the eligibility process to be effective, efficient, culturally sensitive and quality informed. She wants us to define what they process should look like, and only then define who should own the process.

	Question	Response
		<ul style="list-style-type: none"> • It is critical that foster children have safe settings where their social, emotional and cognitive needs are being met. Focus is more on the quality aspect. • Hope the solutions we come up with are family focused, but also have the appropriate safeguards to prevent issues with fraud. Want to find a good a balance between the two. • DSHS values creating a better roadmap to better solutions based off our problem definition. Hope it forms the basis for a strategic decision point for the new administration coming in. Think the new administration needs to make a decision about whether or not child care eligibility should go to DEL. Need to figure out what we're trying to fix about current construct and what a to-be would look like in DEL v. DSHS. • It is critical to look at this from a client perspective. • WA may be at a disadvantage by having an older eligibility system. Technology can be a powerful tool to do the connections.
3.	<p>How would you define the problem this project is trying to help resolve?</p> <p>What are the root causes of this issue?</p>	<ul style="list-style-type: none"> • DSHS has consistently taken incredible staff cuts. They don't have enough staff to do the work. • Some DSHS CC workers don't like their jobs. Some whimsically decide who gets what without consistency. Some are angry or rude. DSHS staff need training/cultural awareness to improve in these areas. Parents can't feel like eligibility workers are looking down their noses at them. • Don't know to the extent to which they let technology help them with the process. • Transfer of policy to DEL/separation of policy from operations should not be a barrier to effective customer service. Bottom line is always the client perspective. There is a lot of concern that customer service has deteriorated. • DEL/DSHS do not have a way of making sure the policy is well coordinated. Policy is not translated into service delivery. DEL and DSHS are not well coordinated. They just undid one related problem. Had to do with child support coordination – put in child support cooperation requirement for child care eligibility. DEL and DSHS were not given time to adequately think through the consequences. This was a case where outside pressures were an extra barrier to allowing them to think through how it would work. Was exacerbated with poor communication between departments. • One of the key strategies to having it be effective is to have regular, built in, systematized touch

	Question	Response
		<p>points to ensure policy includes field input and includes “UAT” before pushing policy/process changes out to the field. Don’t have these elements. There have been some strategies built in (attending one another’s meetings). But nothing has really taken off or has been shown to be effective.</p> <ul style="list-style-type: none"> • In Utah child welfare, similar to Idaho, they had to get away from policy manual and go to practice manual that was grounded in policy. Don’t have this in Washington because we do our rules in a Q&A format, think its getting at that but it’s not it. • Government has gone through a huge retraction, which exacerbates all of the problems. • Everyone is pointing fingers at everyone else – everyone agrees there is a problem, but no on owns it, or even defines it the same. • The hope is to document the process – don’t want a false start at fixing the problem (which they have done a few times already). Need to step back and look at the entire process, including the interdependencies of the steps to avoid unintended consequences. Trying to fix a problem that we haven’t totally defined. • Don’t believe either department is living up to their requirement of providing quality customer service.
4.	Do you have any additional background information or related research you would like us to have for our analysis?	<ul style="list-style-type: none"> • One of the inevitable components we need to worry about in the departments is stewardship of the public funds. State Auditor’s Office released a performance report on child care in last year. And another is being released in another 4-6 weeks. Extremely critical in both cases. They are not ensuring the highest program integrity. This will get the headlines, not the customer service problems they are also experiencing. Response has always been in prior years that we are working on it. At some point you can’t say this anymore. This report is a component of the working on it. We should be aware that there will be controversy surrounding this issue because of the upcoming report. • DSHS also just submitted an updated action plan to the Governor’s office regarding eligibility processes.
5.	Can you provide me with an overview of the provider functions and how they work?	<ul style="list-style-type: none"> • Provider team does quite a bit of eligibility. Look at eligibility from a statewide perspective, and they get the end of it where providers get things that need to be corrected or when hours are authorized. • Provider workers are chosen for their expertise in child care – they have all done child care eligibility. They need to understand everything to assist providers. Function is primarily to help with provider

	Question	Response
		<p>questions on status of a case. Whether approved or denied so they can know about their payments. Also research cases for providers – if they are disputing amount authorized or have a question. Work a lot with the social service payment system (SSPS), which is within the eligibility system, is the payment system associated with WCAP and within Barcode.</p> <ul style="list-style-type: none"> • Sometimes providers will get SSPS notice that tells them a client has been authorized, and they will call if the provider thinks it's not enough hours or if they have a question – the provider worker will do a lot of research to figure this out. • Usually try to keep provider processes separate from eligibility – eligibility has already been done. • Address provider issues. They do not determine eligibility like the other staff do. If there are issues when a provider calls into the child care staff line, they review the case to see if they can help the provider. Then give them the provider number for the next time they call. The provider team has their own separate number; there is an option in the IVR. • Child care coordinators work as conduits to DSHS and DEL for both groups (provider team and child care staff). • Providers are eligible for subsidies if they are licensed. Licensing determines who the providers are.
6.	How do the provider-related functions connect with family subsidy eligibility processes?	<ul style="list-style-type: none"> • Usually don't need to communicate between provider workers and child care eligibility workers – if they do it's with alerts, ticklers, or emails. Usually only do this for complaints. Sometimes clients call into provider line because of long waits on the client line. • Staff is statewide – not all in one office. Not all offices have child care staff or the provider team in them. But they communicate through IM, email, and phone. • Within DSHS there is a provider unit, and they manage provider questions, handle issues if a provider doesn't get their invoice, write overpayments, and they have a fair hearing function. Providers have their own phone line specifically to help them work through payment issues. These are separate people at DSHS. The provider unit will work with parents, when needed, regarding payment issues. • Providers are allowed to get a release of information from a parent, which allows them to get information from a parent, but cannot act on behalf of a parent. That has to be the actual person/parent. Can't have folks receiving the money changing schedules.

	Question	Response
		<ul style="list-style-type: none"> • Not sure if there are communication glitches between the child care unit and the provider unit.
Initial System Enrollment and Eligibility Assessment		
7.	Does a single eligibility worker handle all of the functions for a family's enrollment and eligibility?	<ul style="list-style-type: none"> • Community Services Division (CSD) assumes all financial workers can do everything; however, not all of the financial service specialists can do CC. Most staff have basic training and have been trained at least once in basic programs. Many do not have training in CC. CC area is specialized to a great extent. Those financial workers should be able to take an application all the way through to approval/denial. There is a concern that everything is not with the application. Verification of work hours is almost never submitted with the application. Not sure if it is because the application is not asking for it, if it is not specific enough, or if it just part of the process. Need to ask what it is that they really need. Maybe going too far. Pending for work hours is a particular issue with seasonal workers. • A client can apply via the online application, a mailed in application, as well as by phone. • Every CC worker is a universal worker – can do all aspects of determining eligibility, authorizing hours. • Not sure at what point they pend. Don't think anywhere in the system you ever talk to the same person twice.
8.	Do CC eligibility workers specialize?	<ul style="list-style-type: none"> • Besides the CC self-employment and provider specializations, the CC unit also has a special needs team, and in some areas there are specific workers who work on tribal issues. Staff complete regular child care eligibility as well. They are still allocated for general CC population, and also work on special issues. Just had a training group go through, so recently have been able to hire new staff. • Don't think they've considered un-specializing CC and including it in overall work supports eligibility. System is not integrated and CC policy changes so much and is so complex – it really requires special training. Payment and authorization piece is the most complex, and would be hard to have this carried over to the full eligibility worker group.
9.	How well does the enrollment and	<ul style="list-style-type: none"> • Because of increased workload, most clients have issues successfully contacting someone. All of the CC staff are on the phones, so they can't help with folks walking in. People walk in because they

	Question	Response
	eligibility determination process work?	<p>can't get through on the phone. There are access problems. There are also policy issues – policy has changed for clients, and this is confusing. More verifications are requested now than before. Clients call in because they are confused, which exacerbates the access problems.</p> <ul style="list-style-type: none"> • Families are eligible for various types of child care subsidies. Not sure if the channel you follow has been resolved for seasonal child care (or another type of child care subsidy) versus WCCC has been resolved. • Determining eligibility, once they have all verifications needed, is easy. • Policy is not always clear, and the interpretation is hard, and this sometimes causes delays. For example, we have to know if there is custody or visitation if a parent is not in the household. Not clear what the difference is between custody and visitation. When they are trying to get verification of that, clients will say they don't have custody, they just visit, and this impacts how many hours can be approved. • Verification is the hardest – which situations require verification, self-employment, verifying circumstances to know when to authorize care, it gets cumbersome. • There is a lot of frustration over the CC call center. There is a lot of room for improvement. Have an archaic system – with separation of departments and communication. The question is, “Are we really promoting quality?” – getting the kids and families with the highest needs into the places they need to be to support long term high quality outcomes for society. Have opportunity in Washington to bring catalytic change to the system. • Some fraud issues may be related to the archaic systems, rather than intentional fraud. • Hear less from line staff about problems with the eligibility process, and more from providers about not paying them on time. • When shift was made to service delivery (same day service) the wait time was well over an hour. Forced disconnects happened after an hour. This was very frustrating for families. Consequently, they do not like the phone process. It was not presented to DEL. Decided they were going to do it at DSHS without consulting DEL. Took DEL by surprise. Many families need one-on-one interaction and the call center model somewhat dehumanizes the process. It shouldn't be the primary mode of communication.

	Question	Response
		<ul style="list-style-type: none"> • Obviously we are doing something right, or we wouldn't have the vast majority of people able to get child care with a relatively small level of fraud and abuse. • Want to see value stream map showing what is working well. • The call center appears to work for a segment of the population, but not for an increasing segment. Part of this is a reduction in staff, but that's not all of it. There was just a revised action plan submitted to the Governor's office. • DSHS tied walk-in sites with seasonal child care locations and it has been positive. They are thinking about restoring walk-in for child care in most of the large urban areas. Difficulty is you have to make sure you can staff it appropriately. Need to ensure good customer service.
10.	Do you think the enrollment channels in place meet your client needs?	<ul style="list-style-type: none"> • The system in place is not meeting client needs. This is because we may not be using child care staff to the best of their ability. Maybe can make the process more efficient. Most families that are receiving WCCC are working during the day. Not staffing the call center line to the extent we need to for working families. Until recently, this was the only way to access child care. Because of 3 year hiring freeze, hard to keep the line staffed. Cannot move unspecialized staff to this phone line. CC is specialized. • It is hard to tell whether customers walking in at the pilot sites are looking for seasonal workers – staff will look to see if they are eligible for working connections before seasonal child care because it is more comprehensive – they maybe came in looking for seasonal, but ended up getting working connections. The eligibility service is happening as quickly as it is for other programs in those offices. Has been helpful for clients and staff to be able to help them in person. Need to explore expanding – they are exploring this now. • There needs to be a variety of access points. The phone does not work best for everyone. Some people need translation assistance, in-person assistance, and other additional supports. • Want the process to be friendly and efficient, make it as convenient as possible for parents; however, bottlenecks in access points creates backlogs. • If a client requests child care when requesting other benefits, the child care unit may not receive application for over a month. Application comes from DMS (document imaging), and for some reason it sometimes is not evident that there is a child care application associated with an application for

	Question	Response
		<p>other benefits – the worker who is working the other programs has to finish their work before it is noticed. Not sure what is going on here.</p> <ul style="list-style-type: none"> • Only have so many workers with so many phone lines. Can only take so much at one time. Have to get the phone calls under a certain amount, and if everyone is working the phones, don't have enough people in the back processing the paperwork that comes in. • On the phones, they have a forced disconnect if all circuits are tied up. • When applications come through the mail or online, they just pile up. These first go to scanning unit and they electronically put in case file. Puts them into electronic queue, called DMS queue. Have different puddles which are assignments. Some puddles might have applications, some might have criminal background checks, some might have recertifications. There is a need to coordinate resources constantly to get most critical pieces done. Staff can do anything – work any of the puddles, so they are constantly shifting them around. • There are different focuses depending on the time of year – June and September are busy times to change provider authorizations. • Enrollment channels are very definitely not meeting client's needs. The call center is a funny phenomenon. There was a call center initiative about 10 years ago. Basically it was a failed project, so they stopped it. DSHS decided to do it again under a previous administrator. There was a lot of skepticism. Hopeful that it would be less of a disaster. DEL came in really late into the process, so things were not done to support child care world. When the department was formed all of the policy folks of child care came to DEL, and then added people. Have different data needs for child care subsidies. They didn't have immediate problems, but didn't take long for the call center to get further behind. In the last two years, there have been so many delays. Last month had 60% forced disconnect. This has been consistent. Part of this was a bad budget time and lost staff. • Trying to use a Medicaid model to determine how long it would take to complete a CC call. The model said it should take 15 minutes to do a CC eligibility call. CC policy folks said that was not sufficient. This was a GMAP measure. Know that child care eligibility takes longer than Medicaid by its nature. Scaled down documents required from 18 to 6. Not sure where it is currently. Call center has not worked well, not supporting families. Don't want to put low caseload solely on this, but the call center is part of the reason the child care caseload is low. In contrast, the provider line has

	Question	Response
		<p>worked fairly well.</p> <ul style="list-style-type: none"> • There was an uproar about seasonal child care program when they initiated the walk-in pilot, majority of those who walked in were not seasonal (3/4 were found eligible for WCCC), because the phone is not working. • Queues in the document center are a problem. • Want to have multiple delivery systems, rather than everyone being forced to use the call center. If you have to have multiple contacts to tell them what they need, have someone tell them what they need and let them bring in the documents. Think there are systemic issues with having the call center as the only access point. Desire is to have online, in person, and phone access available.
11.	How long does it take to connect an applicant to benefits? Do you have data on processing times?	<ul style="list-style-type: none"> • Data is available and shows. Currently standard of promptness is around 21-22 days. Requirement is 30 days. But this is not fast enough to meet client needs. • Access depends on the information needed for that person. If we have it all, CC could be approved the same day. If we need to have information turned in from the client, could be up to 30 days. If they choose an unlicensed provider, can take longer while they do background check. • When the call center first started, was taking 2-3 days or within a week. Then it got crazy, where 60-70% of folks were taking longer than 30 days. • Wait list initiative made call volume go up. • Families, particularly families new to the system, usually don't have all the information they need to provide, so they are pended. TANF families or families previously known to the system are more likely to have their verifications ready. For these individuals they can determine eligibility on the phone. • The process might be a little bit faster for foster children – they often need child care on an emergent basis. Have not heard from social workers that they cannot get kids into child care. Child care workers will not hold open slots if child cannot be there certain days of the week, which can be hard since children have court appearance and other activity requirements (e.g. therapy, supervised visitation, etc.).

	Question	Response
12.	How easily can applicants/clients be connected to other work supports (e.g. SNAP, Medicaid, TANF) in addition to child care?	<ul style="list-style-type: none"> • The processes coordinate slightly, but not as much as it could. Staff have access to the data in ACES, but do not use it for verification, use it to compare for consistency. Information provided for other programs can be used depending on how recently it was provided. If a client applies online, it goes to all programs they apply for (which is marked by the client at the beginning of the process). If they call, the client works with a person in that specific program in that specific system. Information is not shared across to work supports when a person calls in. • Coordination has been a problem. It is a product of specializing a caseload. The handoffs don't work well. The fact that they have separate applications is an issue. Online they are only going through once. If an application comes in through WCAP it still needs to be screened, but it does not have to be indexed. Screening makes sure it is a complete application. With WCCC goes to initial screening and then is queued. • The director of DEL and the former DSHS director didn't know that child care was separate from work support eligibility. Bette thought it was a one-stop shop for her first two years as director. • Application for child care is different than the financial one. Can take the information over the phone for WCCC. The workers are supposed to give them the options to apply for other benefits. Child care workers do not send referral directly; instead they ask the client to self-refer. • There is not a focus on coordination. Only a minority of CC families receive TANF.
13.	How does the child care subsidy eligibility worker communicate with other work supports eligibility workers?	<ul style="list-style-type: none"> • Used to be more information being shared, but CC has been discouraged from sharing information with the other group because of simplified reporting. CC used to send alerts if they see something doesn't match. This doesn't occur anymore. CC is DEL, so a lot of the information for the other programs is DSHS, and they have different information rules. • Workers all use the same communication methods – IM, email, and phone. • Financial eligibility has different reporting requirements. They are required to report less. A lot of times they do not want to know the issues that occur with child care because it creates QA issues. If we have questions that need to be answered, then will contact the WorkFirst specialist for clarification.

	Question	Response
Eligibility Assessment and Verification Processes		
14.	What information do families need to provide?	<ul style="list-style-type: none"> • Interested in looking at how policies can be changed to still meet requirements, yet reduce the verifications needed to approve benefits. • Depends if they are TANF or non-TANF. For TANF, a lot of the information is already there. <ul style="list-style-type: none"> ○ Work schedule (employer statement) ○ Employment ○ Citizenship ○ Custody arrangement ○ Income (usually in the form of three months paystubs or last year's income tax) ○ Provider – licensed/unlicensed • Nothing is required for custody and visitation in rule. No issues with this on the policy side. • Different workers may require different information. • May be a need for more due diligence regarding fraud, waste, and abuse. At this point, don't even know if there is really a child in the family. There are gaps and holes – we have tried to simplify this process so much that there is more room for fraud. So much information is self-reported.
15.	How has this changed over time?	<ul style="list-style-type: none"> • Now with the call center, a lot more is requested in writing. Whereas before a lot would have been done over the phone or staff would take a client statement. Because of shared caseload, they request more in writing. Able to call and get verification easier before, because workers had more time. Now put more burden on the client. Staff will only make one call before asking the client to obtain the needed information. • Some are policy changes – requiring consumers to apply for child support – this added a lot of verification requirements, but this policy has now been undone. Moving toward having child care workers process things statewide versus within their own caseload. A lot of policies that people were not as strict about before are getting more rigid. For example, work schedules. This is to create consistency and is requiring more verification work.

	Question	Response
16.	Are any of these mandated by State statute, or are they dictated by policy?	<ul style="list-style-type: none"> Income verification is pretty important – DSHS would not want to get rid of this. Also making sure they are working/have activities so they need the child care. The rest of it – verifying employment is part of income. Less important to look at work schedule and then authorizing certain days and hours. Takes away flexibility for the parent, it is onerous on provider and State staff administratively. We are providing a low income working family for a subsidy, not providing providers with a payment. DSHS is currently exploring whether they can shift work to WorkFirst case manager to authorize child care as necessary for TANF population, which would be more streamlined for client and staff. Think that all that is in RCW is minimal. DEL writes the rules so they have a lot of flexibility. They do not have a sense of what the sacred cows are but will see how this shakes out under this project. In union negotiations, look at how many days they are authorizing out. They basically went as far out as possible. This created negative audit findings. This is still playing out.
17.	How do you verify information?	<ul style="list-style-type: none"> Use electronic resources, make calls, and use paper documentation. Theory is to get everything done before the client gets off the phone. Happens maybe 10% of the time. They don't have data to support this guess. They really try to do this. Hard especially to get a hold of the employer. When a case is pending, normally do a request for verification or pending letter. Create a tickle/reminder set within 10 days. If the information is not there after the due date, then they deny the case for not returning it. If it is there, they process to see if the client is eligible. If they return some, but not all information, policy dictates they try to determine eligibility with what they have. The responsibility generally falls on the families, not DSHS after the initial phone call. In addition, policy states information has to be within the previous three months. Can only use information supplied for other program eligibility if it falls within that timeframe.
18.	Which are the hardest pieces of eligibility verification for families to provide?	<ul style="list-style-type: none"> Self-employment – they have the one of the hardest times being approved (in all programs, not just CC). There is a special team that processes these applications. There could be 200 pieces of verification per case. This can delay eligibility processing. Special team – not sure if it is for all programs or just CC. Custody v. visitation

	Question	Response
		<ul style="list-style-type: none"> • Work schedule • Method of the way we authorize days for is the issue. Don't want to authorize child care for days they won't use. Maybe we need to go back to the way we manage food benefits and TANF. Just give families a pool of dollars to spend on child care. Should explore this. • Trying to think of what they spend for the most. Self employment verification is hard. Employment activity – income and schedule. After that is the custody arrangement.
19.	Which would you consider revisiting the need for?	<ul style="list-style-type: none"> • DEL requires too many verifications. Most people are not out there to commit fraud. If we could lighten some of these verification requirements it will be more efficient and effective for consumers and staff. If we do a better job with automatic verification like in ACES, it would be better. Because of suspected fraud, we way over-verify. • If paystub verifies client schedule, why do we need a work schedule too?
Ongoing Eligibility Monitoring, Change Reporting, and Periodic Redetermination		
20.	How do families reauthorize benefits?	<ul style="list-style-type: none"> • Were called reviews, but because reapplication process is almost the same, they changed from review to reapplication. There are some differences because client does not need to verify as much. Would be a little bit shorter. Might be some comparing that does not happen at application. • Reauthorization process tends to be onerous. Not really reauthorizing, you're applying again. • Policy states that at every application and reapplication have to reverify information. There is not a big difference between application and reauthorization, except provider information does not need to be re-provided.
21.	How do redetermination processes align across work supports?	<ul style="list-style-type: none"> • Having WorkFirst workers handle TANF CC cases may help with alignment at reapplication. For clients applying for or on TANF (with a participation requirement), the CC eligibility piece would be moved from the WCCC eligibility worker to the WorkFirst Program Specialist. • Absolutely open to generalizing the process for child care process as part of the general work supports. • No conscious effort on either side to align spans. At one time certification periods were only 6 months

	Question	Response
		in child care. Just went to a year-long certification period for child care on July 1. May be an opportunity here.
22.	What changes must be reported and what verifications must occur?	<ul style="list-style-type: none"> • There are changes required for WCCC that they don't want for SNAP. This brings us to alignment/simplification question. Should we simplify CC rules to align with SNAP? • Families must report a lot – provider changes, income, family size, hours needed/work schedule. • Just went over a list with TANF clients with 6 or more in a household. There were several clients that didn't report they stopped receiving TANF. Clients do report, but they sometimes forget to report to child care because they are so busy. Clients may report to financial or child care and not report to the other. Don't always get notification of changes, unless TANF. With TANF get more notification because there are automatic ticklers if income changes. • Change reporting is not working well. Audits are finding things not reported. Maybe not doing a great job of messaging to parents. Cannot submit changes online. Have to fax, mail, or call. Looking at trying to do it online. Parents may not submit changes because they need to call in, wait for an hour, and then possibly be disconnected.
23.	<p>Where do you see child care quality information fitting into the process?</p> <p>How do CCR&Rs fit into the eligibility process?</p>	<ul style="list-style-type: none"> • Think once Washington has QIRS established, one of the goals is that parent demand will increase for high quality care. • Now have centralized hotline with one of the local CCR&Rs. • State has responsibility for making this information well known in the wider population. • Cost of high quality care is higher, and this is where we receive the greatest benefits for the populations with the highest needs. • Quality is more important than access even if fewer families are being served. Access versus quality issue when it comes to limited funds. Research is clear about the benefits of high quality care and the detriments of lower quality care. • Wisconsin went toward access, and ended up providing lower quality care. Washington does not want to repeat the Wisconsin model. • Not sure where this would happen at CSO – the administrative process is clunky. Need to streamline the process to have the time to imbed the quality information. Data system needs to be in place to

	Question	Response
		<p>support this.</p> <ul style="list-style-type: none"> • DEL has made an effort to do outreach once ratings become public across the State to have public campaign talking about quality. • DEL leadership knows that even by applying, individuals are trying to use child care of some kind, regardless of whether they are deemed eligible. It would be easiest to provide information regarding quality when individuals are seeking information up front, rather than after the fact. If DEL or DSHS sends something in the mail following an initial conversation, it may look like something random/junk mail to families that they will throw away without reading. It makes sense to not have quality information tied to eligibility, but happen at first contact when someone is seeking subsidies. Calls triage into child care directly, and there is a script they follow. This would be where quality information would be inserted. • Quality information should be provided ongoing, not only at initial eligibility. If you're a parent with young kids, it's hard to wrap your mind around what you're seeing in a child care setting. Redundancy is important. Child care eligibility workers should ask families again if they know what they are looking for and need in terms of child care at redetermination. Can't assume they have the ability to analyze the type of care they have and are looking for. The emotional bond with provider may override what they are actually seeing. Have seen this continually with providers from whom DEL has revoked licenses. Parents with children in these settings protest that the quality is good in these settings. When thinking about whether parents recognize quality, it is complex. We're talking about is recognition – that's a deeper learning than reading a piece of paper. • Five years ago DEL did a parent assessment with legislative funds. Asked people how they found out about child care providers, and predominantly it was from friends, family members, and medical providers. This is probably still the case. Can't be just CCR&R because numbers don't line up. • Child Care Aware is limited in its ability to provide information on quality to parents calling in for referrals. They don't have ratings yet for early achievers – will happen late next year – short of this they give them a list of providers that meet their criteria – location, hours, size – then talk to them about what to look for in terms of quality of care. Also talking with them about licensing and areas where they can look up information on licensing. List given to them are providers who are in good standing with licensing. Can't tie quality discussion to any particular provider. Parents have to do this

	Question	Response
		<p>themselves. This will change once early achievers is in place and there is a mass quantity of providers who are rated at a certain level.</p> <ul style="list-style-type: none"> • Looking at the saturation rates to see what percentage of families are using their referral services – it is low – 12-20% per region. This is one of the reasons DSHS went to the statewide call center – to increase saturation. Went to this statewide call center on July 1. • Not known if referral usage rates have changed since they moved to a central phone number. Calls to regional numbers are being redirected to their centralized number, so the number of calls should be consistent with what is was before July 1. Will start marketing more after the first of the year. Previously had regional databases, which the regional offices used to connect families to providers. Was complex for families who lived and worked across regional networks. Gets complicated with NACCRRRA – there are such high and specific expectations about how referrals are completed – it was hard to maintain this with disparate locations. Are able to offer more consistent quality and more efficient service being centralized. • Not something that has been considered in the past – integrating CCR&R into the process. Not sure if financial workers are trained to do this and have that expertise, but they are able to learn it. Would be more difficult to provide this training broadly to financial specialists versus child care specialists. There are pieces we can build into the application process that can get a parent to think. • Convinced that every minute you spend with children is a chance to teach them. Need to be in quality early learning to mitigate the effects of poverty. Maybe this would argue to a branch system with practical adult needs met, and then you talk to someone about quality – what does a quality system look like. What do you look for? Someone to take time to do that. Want someone who knows what quality is. • Could then send resources via email or mail as follow up with quality – could be information about parenting in general, groups in their neighborhood – a very supportive approach to helping with positive parenting. • The quality piece is usually is handled by CCR&R. Workers are not allowed to provide referrals. • The eligibility discussion should be separate from quality conversation. • Interest in tying eligibility to various levels of quality. This is a trade off between quantity of slots and quality. Think it is important that subsidies are tied to quality.

	Question	Response
		<ul style="list-style-type: none"> • Access over quality is the focus. Conversations about quality do not take place. We will see it in terms of provider payments. Reimburse providers at such a low rate, hope it incentivizes providers to provide quality child care settings as they tier reimbursement rates.
24.	Who would provide this information to families?	<ul style="list-style-type: none"> • DSHS could promote Child Care Aware – should not be something DSHS provides directly. CC Aware could do this better. DSHS just needs to make sure parents are aware of the information. • Having a website is more beneficial for our parents. Might be used more than a phone number. Parents want information in real time – they do not want to wait for a call back. • Contract with CCR&R. Currently CCR&R asks a series of questions – demographic type things, then generate a list of child care providers in their areas with openings. There is no discussion about quality. In fairness, they are just beginning a QIRS at the State. Publish a non-referral list for providers that have a finding with one of their licensors. While a provider found with a deficiency by a licensor is fixing its problem there can be no new referrals. These listings (DEL and CCR&R) do not include quality information. • CCR&Rs are potentially as the player doing this. They are a resource to parents in providing recommendations. They are also a resource to the providers. Less concerned about who does this than the quality of how it is done. • Child Care Aware should still have this in their process. • Should be the State – for efficiency. Don't know if they will call another number to discuss quality. Worker should ask the questions to spur on thinking regarding quality.
25.	Please discuss DEL and DSHS roles and responsibilities and how the two agencies communicate.	<ul style="list-style-type: none"> • Once you start separating things – policy in DEL and practice in DSHS – it creates issues. DEL doesn't understand how policy will affect eligibility process. There could be better communication to support process and policy changes happening seamlessly. • When DEL was formed in 2006, the intention was laudable. Child care needs quality focus – makes sense from a policy perspective. On the other side of the coin, makes sense for the eligibility process to stay put in the place where the expertise was. There were a lot of growing pains. Only in the last year have they really started to understand roles of DEL from DSHS. DEL focus is on early learning and quality. DSHS's focus is how do we help people get to work. Two fundamentally different lenses

	Question	Response
		<p>through which one program is viewed. Friction is not unhealthy – allows us to make decisions through those multiple lenses. Took DSHS a couple of years to come to terms with the fact they weren't the leader in this arena anymore. Reliant on our partner to write policy and help them determine procedures from it.</p> <ul style="list-style-type: none"> • Front line workers – licensors in DEL – have more impact than a front line worker in DSHS on DEL policy. As DEL develops policy and WAC, there is a process by which DSHS staff are able to provide input at that time. Also have mechanism at CSD for issues to rise up when a policy or process is not working. At that point it is up to DSHS to go back to DEL to say here's what we're seeing, and then it is up to DEL to make a final decision.
26.	Please provide an overview of IT systems.	<ul style="list-style-type: none"> • ACES 3G is the next generation of ACES being built, and portions are available. • WCAP sits within Barcode, which is in a language that only three people know nationwide. Would love to see it become a component of ACES 3G. • ACES and WorkFirst case management systems are also slated for modernization.

SITE VISIT NOTES

**Yakima Site Visit
September 11, 2012**

	Question	Response
Service Delivery Goal		
1.	How ideally would Washington connect families to child care subsidies?	<ul style="list-style-type: none"> • Streamline the process. A lot of frustration around how rules are interpreted. Have everything needed (verification-wise) for each client in one “package”. • Figure out what requested verifications are a real “value add” and drop the rest. • Less verification would be helpful. • WAC (Washington Administrative Code) and handbook are being interpreted subjectively, based on one’s own value system. Would be good to have only one thing to reference for policy and process. • Open up access. Perhaps having call center staff available from 7:00 AM – 6:00 PM to accommodate 8:00 AM - 5:00 PM working parents. • Get back to the basics. Workers are too rushed. • Implement face-to-face access to improve customer service and increase first touch resolution. • Implement expectations/measures focusing on case completion rather than just quantitative measurements that do not look at quality. • Staff trusts one another to accurately complete work on cases. • DEL and DSHS communicate well. DEL explains how the policy impacts workers and how to implement it correctly/consistently.
2.	Where do the existing processes fall short of this vision?	<ul style="list-style-type: none"> • Accountability is lacking because of virtual supervision. <ul style="list-style-type: none"> ○ 8-9 workers in CC team, lead (or two), coordinator, administrator. Some tele-work (staff working from home). All tele-work staff are reliable and dependable, but it seems the virtual supervision is the issue. The strongest staff were allowed to go to tele-work and now they are no longer available in the office to

	Question	Response
	<ul style="list-style-type: none"> • What are the root causes of these gaps? 	<p>help other, possibly less experienced, workers.</p> <ul style="list-style-type: none"> • Access <ul style="list-style-type: none"> ○ Access points are jammed. Calls are being dropped. Backlog of 25 days on verifications being worked. ○ “To me, they do not have ‘access’ online, via fax, etc., because even if the client sends in what is needed, the paperwork cannot be worked immediately.” ○ Call center is not a good model for social work. ○ Duplicate applications are being received, likely because clients are unable to get through on the phone. • Breakdown in the initial call. Workers are not asking the right questions and/or narrating case correctly. • Forms are challenging – worse for unlicensed providers – doubles the time for approval. There is a lot of back and forth via the mail. <ul style="list-style-type: none"> ○ Trying to combine too much information onto one form. Separate out by location of care. ○ Many clients might only be able to understand directions at a 5th grade level, so they need more “coaching” to complete forms, etc., and that kind of coaching takes time. ○ Forms need improvement (especially for unlicensed provider forms). Confusing for families and are often times sent back to be redone. Suggest having two forms instead of one. This can be addressed during the interview (find out which form they need and only send one). ○ Criminal background check cannot be run until all forms are received. • Verifications <ul style="list-style-type: none"> ○ If client can verify they are working 40 hours/week, why do we need to verify what hours they are working, especially when the majority of clients do not have M-F 8:00 AM - 5:00 PM jobs. • Information technology <ul style="list-style-type: none"> ○ Many of the screens make them send out certain things – send them down a certain path. ○ Issues with incomplete documentation/narration about earnings. There are documentation guidelines, which is just a regurgitation of the information requested on the application. There is either way too much information or way too little entered into case. • Triaging <ul style="list-style-type: none"> ○ Workers are expected to know within 5 minutes of start of phone interview if the case can be completed within 15 minutes. Seems like clients are told to provide different items on different calls with different employees. Might be better if the CC workers are allowed to just work case from start to finish in one call

	Question	Response
		<p>without a time limit.</p> <ul style="list-style-type: none"> • Payment <ul style="list-style-type: none"> ○ Payment can only go out until background check and all the forms are all clear – have to be perfect. ○ What happened to “It is the providers’ responsibility to claim correctly?” • Inconsistency <ul style="list-style-type: none"> ○ Variance among units causes problems and multiple “touches” to case. • Lost trust in move to statewide, universal caseload in addition to audit procedure changes <ul style="list-style-type: none"> ○ “Universal caseload” creates constant snowball effect of verifications/paperwork coming in. Most workers start over at each new “touch” b/c the audit goes back to the last worker who touched the case if there is an error. ○ Handle times have doubled since going to statewide model. When it was more regionally based, we knew who we worked with and there was more trust..if you see the last worker who touched the case was someone you know and trust to do complete work, you are more inclined to not go back through the entire case. ○ Clients are constantly calling in with schedule changes and every time they do, worker has to re-verify everything. ○ Seems like team mentality has vanished since moving statewide. ○ Lack of communication statewide = lack of coordination. • Disconnect between DEL (policy) and DSHS (procedure). <ul style="list-style-type: none"> ○ Rule changes have effect on processing times. ○ How things are done are changed too often and CC cannot be backdated until all forms are completed and all have been received, thus delaying benefits for many clients. • Rework <ul style="list-style-type: none"> ○ Because of multiple sources of policy, there are more interpretations. If there is a mistake, the audit goes against the last worker. Reverify everything at each touch to cover your toosh. • Management approach <ul style="list-style-type: none"> ○ Change the way we do things too often. Strategy is changed from week to week, trying to address wait times, forced disconnects, etc. ○ It’s all crisis management – shifting from phones to backlog and back again. Complaints at HQ drive

	Question	Response
		<p>shifts in focus.</p> <ul style="list-style-type: none"> • Training <ul style="list-style-type: none"> ○ During go to meetings, workers are told, “This is only an hour, so there is no time for talking or questions. If you need to ask something, send an email after.” ○ One worker uses expired report to work cases and can see trends in training issues (via repeated case errors), however, it seems the issues are never addressed. ○ State is using “find it...fix it” method, which does not address the issue with the worker, therefore, they do not learn how to correctly work the case. ○ “It’s just that person” mentality. (No accountability for poor performance.) ○ Not incorporating what provider team is suggesting.
Client and County Demographics		
3.	<p>What is your child care subsidy caseload?</p> <ul style="list-style-type: none"> • How is work divided among offices/ workers? 	<ul style="list-style-type: none"> • Have universal caseload. • There are three regions statewide.
4.	<p>Are there local demographic or other characteristics that make your regional child care subsidy caseload unique?</p>	<p>This is one of only a handful of offices piloting walk in access. Pilot was focused on seasonal child care applicants, but others are using service. Many WorkFirst clients are using walk in access.</p>
Staffing and Service Delivery Model		
5.	<p>Describe your child care</p>	<ul style="list-style-type: none"> • Eight or nine units of child care workers. Also have provider unit. Each has supervisor and one or two leads. Have 105 current financial specialists in child care. Yakima supervisors are over workers in this office, telework, and one office off site. James has 15 people in building or doing telework. Virtual supervision is challenging.

	Question	Response
	subsidy staffing in this office <ul style="list-style-type: none"> • Discuss different staffing specialties including provider, self-employment, Tribal, etc. • Discuss worker to manager/supervisor ratios 	Removed the experts from the office. <ul style="list-style-type: none"> ○ Going statewide removed team dynamic. Morale went down with statewide caseload. Lack of communication statewide decreased coordination. • Have special needs team and self-employment teams. Don't have tribal teams in Yakima. These harder cases (special needs and self-employment) were being pushed to the side because they were being measured on quantity. That is why they formed teams to focus on these cases. • Special needs and self-employment cases can be started by a general worker, and then they are siphoned off into their own pools of work completed by specialized workers. Self-employment team is supposed to be made up of one worker from each unit. <ul style="list-style-type: none"> ○ These people can be pulled onto phones as needed. DSHS is in crisis management. Mike is contact center administrator, and he makes the decision about how to use caseworkers – phone versus batch. ○ Special teams workers are pulled on the phone to help, so self-employment is pushed to the bottom of the line in terms of priorities. These cases take longer to process. • Have three regions in the state.
6.	How do individuals move between roles if they fill more than one role? <ul style="list-style-type: none"> • What role does data play in managing tasks? 	<ul style="list-style-type: none"> • Crisis management – move people between backlog and phones based on the latest crisis. This has been the approach since going statewide. Complaints at headquarters define the focus/crisis. Volume also plays into the crisis definition. • Only success they see is when all resources are focused on one problem. Don't have the resources to deal with all the issues at once. All comes down to first call resolution. • Put in rotation recently. Used to have system where someone stayed with process they are proficient in (batch of phones) ongoing.
7.	How does your task-based service delivery model work? <ul style="list-style-type: none"> • How is work shared across 	<ul style="list-style-type: none"> • Universal caseload. Batch workers are assigned to missions within the batch, and the system feeds them the oldest task to be worked from within these missions. • Because of backlog, in actuality many clients/applicants/providers call in to have cases expedited.

	Question	Response
	workers/offices?	
8.	<p>How are staff trained?</p> <ul style="list-style-type: none"> How do they learn about policy/process changes? 	<ul style="list-style-type: none"> Don't have effective training. Everything is online. Classroom training is so much better. New employees get one month of total training they can do within six months. Child care policy for a week, systems for a week, ACES, barcode, WCAP. Yakima received more training than other regions because they have been on the phones since 2001. Don't see the training consistently throughout the state. Go to meetings do not go well – some no longer allow questions. Try to create standardization through larger meetings. Staff are customer service agents and yet there is no customer service training. This is essential training as most clients call with a need or complaint. Last year had major new rule change, implemented on the first of the month and workers were not trained on new policy until two weeks later (and were trained online). This seems to be overall disconnect in CSD. Have online training only. Classroom training is so much better. SSPS training is a must; even veteran workers have problems with this system. Trying to teach providers a system that even staff do not fully understand is complicated at best.
High-Level Process Flow		
9.	<p>How many clients connect to child care subsidies via the online application, paper (mail or fax) applications, in-person (Yakima only), or by using the call center?</p>	<ul style="list-style-type: none"> Majority of clients connect to subsidies via the phone. <ul style="list-style-type: none"> This office has been in a call center model since 2001. Breakdown in initial call and workers are not asking the right questions. This is extending the process. Have forced disconnects. Applications go back to March. Face to face pilot – can connect to them better and provide better customer service. Make sure the client understands the process. Pilot is supposed to be only seeing them for new applications or new reviews. Have interactive interview – don't have them filling out paperwork in advance. A lot of the walk in traffic is WorkFirst clients. Getting duplicate applications because of the backlog – will submit an application and call as well. Will submit an app because they can't get through on the phone. And will continue to call.

	Question	Response
		<ul style="list-style-type: none"> • Backlog is on average 25 days. Case moves into backlog when they submit something that is ready to work. • Takes 24-48 hours until a document is put into someone's case file. The Hub or HIU does the document matching with the DMS.
10.	How well does the enrollment process (application through eligibility determination) work?	<ul style="list-style-type: none"> • It does not work well. The process takes a lot of time, involves a lot of pends for missing information which goes back and forth numerous times with clients. • Have a lot of handoffs which extends the process. There are a lot of pends. • Priorities change – current process is to work everything in 15 minutes. Supposed to know in 5 minutes whether the case can be finished. This time constraint creates pends.
11.	Do you think the access channels in place meet your client needs?	<ul style="list-style-type: none"> • No – it is very hard for clients to access caseworkers. • If we open phone lines up longer hours it may help. • Access points get jammed because there is a backlog. If you work the batch, you will get fewer calls.
12.	How long does it generally take from initial application to connect an applicant to benefits? <ul style="list-style-type: none"> • Are there some kinds of clients for whom it takes longer? If yes, which ones? 	<ul style="list-style-type: none"> • Can't complete a case in 15 minutes, which is the current standard. Change strategies all the time. Balance between answering the phone calls and completing the process for each family. • Clients with unlicensed provider take longer (twice the time of other cases). • Have doubled handle time since going statewide. Hear a lot about double work – activity screen – required to complete thoroughly based off audit findings. Child being in school is coded in four places for example. And then you need to add narration. • When it was more region based, knew who you were working with – less re-verification of other workers' work (rework) was required.
13.	What verifications (eligibility documentation) are required for a family to obtain benefits? <ul style="list-style-type: none"> • Has this changed 	<ul style="list-style-type: none"> • Income – required to verify three full months of gross earnings if existing income. If new, applicants need to submit paystubs once they have them. • Stop work – not required, but can ask if questionable. Can ask for verification that work stopped at a previous employer. • Activity schedules – have to have actual schedules. Can use an estimate in the beginning. Then follow up with

	Question	Response
	<p>over time?</p> <ul style="list-style-type: none"> Are any of these mandated by State statute, or are they dictated by policy? 	<p>actuals. Most have varied schedules. Need to break down between full time units, part time units, and overtime. This is new detail required by DEL. This is not value add because it does not ensure accuracy. Clients want to know why they can't use income/check stubs for schedule verification. What happened to provider claiming correctly? Have to narrate the schedule on top of entering it into the system, which takes a long time. Auditor requires a lot of narration to make sure the information in the system is correct. Narration is not standard across workers.</p> <ul style="list-style-type: none"> Citizenship – if open on medical, food, or cash can use that, or request documentation to verify citizenship.
14.	<p>How do eligibility workers try to obtain required documentation/verifications?</p> <ul style="list-style-type: none"> Electronic resources, third party verification, client statement, work supports eligibility system (ACES) Do CSOs measure the number of pended applications as a performance measure (i.e. are workers incentivized to collect verifications real time or answer more phone calls)? Has this changed over time? 	<ul style="list-style-type: none"> Caseworkers have access to the following systems to verify required information: <ul style="list-style-type: none"> SEMS is cross match with child support SOLQ is used TALX Work Number Spider is cross match with ACES and other resources to see if there is something they are not aware of. Check to see if parents are in the home. DOH is where they get citizenship if born in WA Employment security – used to verify income, but now need to have three months of gross verification. Unemployment system (GUIDE) ACES, also shows employment security – it is a snapshot. Famlink – provider information eJAS – Work First: can see their individual work responsibility plan There is an increasing reliance on paper documentation from applicants/clients, rather than using the systems available. Pended applications/reapplications is not used as a performance measure.

	Question	Response
15.	Are there any parts of eligibility verification that are particularly challenging, either for clients to provide or for workers to obtain?	<ul style="list-style-type: none"> • Work schedule was cited as particularly challenging for applicants to obtain.
16.	Is there any difference between what the client and workers have to do for initial application, and for reauthorizing eligibility? If yes, please describe.	<ul style="list-style-type: none"> • No, families basically need to reverify everything.
17.	<p>What changes in circumstance have to be reported to the State if they occur before the reauthorization period is up?</p> <ul style="list-style-type: none"> • How do clients report changes? How easy or hard is it for them to report? • How well does this work? Do clients report changes? What happens if they 	<ul style="list-style-type: none"> • Supposed to report any changes within 10 days. Always tell them to report changes to all programs, because most are on all programs. • Provider changes, work schedule changes, school schedules for children – these changes that define a family's need for child care hours create the most workload. • Have a letter that goes out in August that creates more calls and workload.

	Question	Response
	<p>don't?</p> <ul style="list-style-type: none"> Are any of these changes reported to providers? If yes, when and how? 	
18.	<p>Are any of these processes (for enrollment, eligibility, redetermination, and change reporting) coordinated or linked with similar processes for other work supports (SNAP, Medicaid, TANF, etc.)?</p> <ul style="list-style-type: none"> Are clients accessing work supports in addition to child care subsidies more apt to use online resources? 	<ul style="list-style-type: none"> Child care workers have been that they cannot communicate with DSHS work support programs and vice versa. When information was flowing between the two, it was a lot of unnecessary information which created additional workload. Clients can report changes to any entity within DSHS, but the information is not communicated between organizations. Child Care is expected to act on changes, even when not reported to them by the client or the other DSHS organization. There is no coordination across programs. Child care was only recently extended to a year long enrollment period, which could present opportunities for alignment. This will most likely not happen under the current structure.
Program Performance and Data		
19.	<p>What data do you use to measure performance?</p> <ul style="list-style-type: none"> How do you use the data? What is your quality 	<ul style="list-style-type: none"> Measure on volume, not quality. Used to manage on completion rate (approved or denied). CC was lower because of all the verifications compared to Medicaid. Used to be 67-71% for child care. This was a Region 2 measurement. Have had trouble defining what is first contact resolution consistently. And then how do we incorporate this into our processes? Lead worker is in charge of quality review. Manager looks at quantity.

	Question	Response
	assurance process?	<ul style="list-style-type: none"> • Run an expired report showing all of the authorizations that are expired. Look to see what needs to be corrected on the case. Saw trends for individual workers to help work on problem areas. • Under find it fix it, whoever finds the problem has to fix it. Never goes back to original person unless it is audited. Under case management you got your own reports and were responsible for fixing the issues. • Provider team meets separate from client team. They are not meeting together, so there is a communication gap. • Virtual nature of office exacerbates feedback problems – people don't care if they continue to make the same mistakes because they are not accountable to people in the office. • Auditor reports are varied. This is less helpful feedback then the feedback from calls. <ul style="list-style-type: none"> ○ Have audit requirements that 1% of caseload is audited for pre-defined criteria that have to be performed monthly. Lead workers conduct audits. ○ Authorization is what workers care about – these are payment issues.
Information Technology		
20.	<p>What systems do you use to support child care subsidy eligibility processes?</p> <ul style="list-style-type: none"> • Eligibility system • DMS • Electronic verifications • Phone monitoring 	<ul style="list-style-type: none"> • WCAP is for application. • Use SSPS to send provider payments. • SSPS knowledge is lacking statewide. Takes a lot of time to train, and even with the training, it is hard for employees to know it. Trying to also teach providers about it because they are communicating with providers via email re or from SSPS. • SEMS is cross match with child support • SOLQ is used • TALX Work Number • Spider is cross match with ACES and other resources to see if there is something they are not aware of. Check to see if parents are in the home. • DOH is where they get citizenship if born in WA • Employment security – used to verify income, but now need to have three months of gross verification. • Unemployment system (GUIDE) • ACES, also shows employment security – it is a snapshot.

	Question	Response
		<ul style="list-style-type: none"> Famlink – provider information eJAS – Work First: can see their individual work responsibility plan
21.	How do you use systems used for other work supports (ACES, etc.)?	
22.	How, ideally, would information technology support your business processes?	<ul style="list-style-type: none"> Used to use Employment Security Department to verify income, now can't use it because of policy decision. Make client provide written documentation. Used to be able to call employer to verify income. Now they need it in writing. ACES will alert of income changes, but information is 30-40 days old. ACES codes differently, so they receive ticklers about differences, which add to the workload/backlog. Don't allow electronic verification to fill in the gaps with self-declared information. Don't have standardized text for letters – better to use canned text. Have a lot of free form text.
Administrative Challenges		
23.	<p>How do DEL and DSHS collaborate to manage the implementation of the child care subsidy program? What specific places or areas do the two agencies interact? How does this work? For example:</p> <ul style="list-style-type: none"> How does DSHS learn about policy changes? 	<ul style="list-style-type: none"> DSHS receives a lot of policy changes without training. Have to look up policy for each question received because it changes so much. <ul style="list-style-type: none"> July 1, 2011, there were so many rule changes in child care, received document on the day it was made with out changing. Another 38-page document was sent this year. A lot of smaller policy changes are not known about at all. When DSHS asks for clarification, the clarifications from DEL are not clear. Want to specifically know how to implement via WCAP. Clarifications have improved – they are now almost instantaneous. Front line staff feels like DEL staff are scared to provide too much clarification. Feel like there is a disconnect between who is making a decision and who is implementing the process. Communication is lacking (e.g. two week gap last week between getting a new rule and receiving training on it). May be an overall disconnect.

	Question	Response
	<ul style="list-style-type: none"> How does DEL learn about process inefficiencies requiring policy modifications? 	
Wrap Up		
24.	Is there anything else we should know for our analysis?	<ul style="list-style-type: none"> Going statewide was when the trend in errors began. Different offices are doing things differently and therein lies the problem. Very excited about our being here. Strong desire to improve services, remove error and improve process. Hope that the unlicensed provider process improves. There is no difference between initial application and redetermination process. Must re-verify everything. Changes are supposed to be reported within 10 days. Provider changes (increased hours, etc.) are the most reported. Suggestion to take care of change in back-to-school hours when processing the change to F/T care during the summer. There is currently a separate provider phone line and client phone line. There seems to be long delay with "Central Print" in that request letter may be created by worker but client does not receive letter until the day before the verification is due. Letters seem to be sent out in batches. Workers are instructed not to locally print and send pending letters (to mitigate the delay) due to costs.

Chehalis Site Visit
September 12, 2012

	Question	Response
Service Delivery Goal		
25.	How ideally would Washington connect families to child care subsidies?	<ul style="list-style-type: none"> • Several access points. The best way is online. Easier for client to complete online application form than to go through everything verbally over the phone. <ul style="list-style-type: none"> ○ Child care is much more complicated than FO6 (children’s) medical, for example, so when there is an expectation of completing an interview within 7.5 minutes it is unreasonable. If we were fully staffed, it would be much easier. ○ Takes about one year to fully train a new worker. Retraining is needed because of the constant policy changes. • Have consistency. Each region seems to be doing things differently, though this seems to be improving. <ul style="list-style-type: none"> ○ Service Delivery Redesign (SDR) killed child care. Worked well for other programs, but not for child care. Want consistency. Some like it being statewide. Real need is for consistency. • Get rid of menu system on phone line. It is confusing to clients and would reduce the forced disconnects. Have all calls coming into one line and a staff person route call to the correct worker type or have entirely separate number for child care. • The eligibility process is too convoluted with the number of required verifications, particularly schedules. Needs to be streamlined and simplified. • Need to accommodate varying work schedules. • Child care workers should be a specialized group. If specialized (more pay), more good staff would want to join team. Program requirements and needs are different. Child care staff deal with employer, client and provider, unlike other financial staff who are only dealing with client. • We need to be separate from CSO, even if it means going to different department. • Go back to local services instead of statewide. When dealing with local clients, you are more likely to be familiar with the employers and providers. This is also helpful because when you are familiar with employers,

	Question	Response
		<p>you already have an idea of average hours.</p> <ul style="list-style-type: none"> • Having the right balance between information overload and getting as much info as is needed to do job effectively. It all depends on who is supervising. This also supports the more localized model, which seems to foster better communication. Would like to see region office provide more consistent communications to line staff. • Do away with full time units and go to half time units only. • Improved information technology to support processes (e.g. computers calculate travel time based off addresses so they can work statewide more easily).
26.	<p>Where do the existing processes fall short of this vision?</p> <ul style="list-style-type: none"> • What are the root causes of these gaps? 	<ul style="list-style-type: none"> • Crisis management and disconnect between management decisions and child care <ul style="list-style-type: none"> ○ Moving staff from batch to phones and back again. Too much crisis management. ○ Teams are always being shifted by region to area of most need (daily). Supervisors are not allowed to manage their own people. ○ Losing staff because of stress. Part of the problem is having multiple directives coming from Governor's office, DEL and DSHS. It is overwhelming. ○ Too few staff to cover all needs. Batch is constantly building up because everyone is being shifted to phones. ○ Decision makers are not familiar with CC, how cases are processed, etc. They have no basis from which they are making decisions. Value of quantity over quality. CC takes time. Some reports cannot be run until after 30 days. ○ The expectation is too high. Some calls take much longer than others (LEP (Limited English Proficiency), special needs, large families, etc.). ○ Person overseeing CC should know about CC. • Providers are not getting paid for several months because of the work schedule requirement. • Provider is allowed to request additional hours, and this can be approved by staff on provider line (prudent person); however other CC staff do not have the authority to do this. • Statewide approach <ul style="list-style-type: none"> ○ When SDR was implemented, child care fell apart. Regional division would be better. ○ Statewide inconsistency.

	Question	Response
		<ul style="list-style-type: none"> • Policy/process disconnect and communication <ul style="list-style-type: none"> ○ Constantly having to retrain staff due to new directives. Notification of new directives is sometimes received with one day's notice which means training is often given the day before the implementation. If any staff are out that day, they have to catch up. ○ Poor communication. Some information filters down, but it is inconsistent. Not all information is being shared that needs to be, based on who is supervising. • CC staff can reference ACES, but are not allowed to make any updates.
Staffing and Service Delivery Model		
27.	<p>Describe your child care subsidy staffing in this office</p> <ul style="list-style-type: none"> • Discuss different staffing specialties including provider, self-employment, Tribal, etc. • Discuss worker to manager/supervisor ratios 	<ul style="list-style-type: none"> • 8 supervisors across State. Meet once/week. Approximately 15 staff per supervisor. • Have three teams – phones, backup, and batch. Teams have to change focus based on priorities. Average of 25-45 calls per day. • Missions (batch work) – top case out of statewide pool is pushed to next available worker. • Within batch team have special needs and self-employment teams.
28.	<p>How do individuals move between roles if they fill more than one role?</p> <ul style="list-style-type: none"> • What role does data play in managing tasks? 	<ul style="list-style-type: none"> • Not sure who is making priority decisions. They have no clue how things work in the offices. There is a focus on quantity not quality. • Contact Center Operations – over all the call centers is where the decisions are being made. <ul style="list-style-type: none"> ○ Increased queue size on the fly without telling WCCC staff. • Once week have all supervisors meet. Review batch numbers, phone numbers, backlog. Look at metrics. Two manage the phones to see who has problems and if lunch schedules are working. Have one controlling queues (missions), and the rest are training new staff. <ul style="list-style-type: none"> ○ Forced disconnects are the numbers that are most observed to make staffing decisions. • Special needs requires in depth focus, reading a lot of documentation. Self employment is very complex and

	Question	Response
		involved. These are the last team they would pull from to man the phones.
29.	<p>How does your task-based service delivery model work?</p> <ul style="list-style-type: none"> How is work shared across workers/offices? 	<ul style="list-style-type: none"> When you get a phone call, there is no application in the system. When you send a pend letter there is not tickler in the system. Need to run the report or you will miss the applications. Will miss standards of promptness. Have mission – each tickler goes to a WCCC general pool. As someone signs in to do batch, worker will get next worker in order (first in first out). Some tickles go to daily pool (DLW). If everyone is put on the phones, they cannot meet 24-48 hour timeframe required by this pool.
30.	<p>How are staff trained?</p> <ul style="list-style-type: none"> How do they learn about policy/process changes? 	<ul style="list-style-type: none"> Trainings are just in time or after the fact. Don't have formalized training for new staff. Supervisors conduct this. Have been trying to get training for child care and it has not happened. Need to have uniform training. Previously had an academy where workers went for six months for financial training, which included child care training. Takes almost a year to train someone fully. And then everything changes. These are often major changes (e.g. changing wait list policy, child support policy, ECL – then retraining staff is needed). Used to have onsite training. Now want universal training. Came together as a State. Before had different regions that did things differently. Have weekly meetings with supervisors and the program managers. Received very limited CC training. Need more SSPS training because people do not know how the system works. It is a separate part of the system, and if you don't work in it correctly it impacts the functioning of the system/processes negatively. Misuse generates calls which slows things down. Or the systems need to be integrated. People will approve the case without doing the authorization, or close the case without closing the authorization.
31.	<p>How does communication work within the DSHS child care team?</p>	<ul style="list-style-type: none"> Information affecting provider unit from the client unit is not always communicated. Had communications team set up to balance information overload with effective communication. Concern with virtual teams – communicate better with in person meetings. Want consolidated communication – not a long list of emails.

	Question	Response
High-Level Process Flow		
32.	<p>How many clients connect to child care subsidies via the online application, paper (mail or fax) applications, in-person (Yakima only), or by using the call center?</p>	<ul style="list-style-type: none"> • In the last two years have increased online by 40%. Take 1800-2000 calls a day. • Online applications go into WAP CAP queue pools. • Also doing pilot program allowing people to walk in. These 8 employees are pulled from the batch workers.
33.	<p>Do you think the access channels in place meet your client needs?</p> <ul style="list-style-type: none"> • Provider line • Tiering 	<ul style="list-style-type: none"> • Generally can't go into a CSO because they are put onto a phone, which is backed up to 60 people. Phone lines are not separate – go through IVR. Then told the queue is full after making IVR selection. Sometimes the IVR. • Providers are giving clients their provider phone number. • Provider line is not allowed to do eligibility. So they can't help. Easily 90% of calls are about specific client issues so they can get paid. There are only two invoice dates for providers. • New approach is that providers are calling with the client on the line. • Objective of provider line was to answer their questions and do overpayments. Tied hands as to how they can even help providers because they can't send ticklers to the client side for cases less than 30 days old or help determine eligibility. Now they are just answering questions, fixing errors on authorizations. Can adjust authorizations with half days, full days, and other needs for flexible shift needs. • Get overflow calls from general eligibility side when they have their queue down. Then transfer them to the general unit. Sometimes can't transfer to other side (food, medical, WorkFirst) because it is full. • Calls are tiered for cases such as self-employment, special needs, and complicated cases that take too long (if case will take longer than 15 minutes from "Hello" to being ready to move to next case). • Tiered work (DLW pool) is supposed to be worked within 48 hours, but the pool is so backed up, these cases are not being looked at timely. • Last week were tiering everything, now they are trying to work it. Can be a week in the DLW queue or longer if queued to WCCC. • Have access points in hospitals. Can go to kiosk in hospitals and click on icon. Can access combined

	Question	Response
		application, report changes in circumstances.
34.	<p>What verifications (eligibility documentation) are required for a family to obtain benefits?</p> <ul style="list-style-type: none"> • Has this changed over time? • Are any of these mandated by State statute, or are they dictated by policy? 	<ul style="list-style-type: none"> • Income – via employment verification form for new job or call. If there more than 3 months have to have verification of income via paystubs. • Work schedule. Can do varied schedule. • Hours provider is available <ul style="list-style-type: none"> ○ DEL licenses but does not put in hours. DSHS has to update rate log and hours of operation annually. If not updated, need to call provider and get that updated. Sometimes the form from DEL in inspection sheet does not match what provider says. • Have to look at visitation. Need to look at court order if there is permanent custody or parenting plan. New change in the WAC is that if it is permanent order filed with the court need a document. If not, need a statement from both parents. • Citizenship – these permanent items are part of the permanent record. • Child support • Residency
35.	<p>Is there any difference between what the client and workers have to do for initial application, and for reauthorizing eligibility? If yes, please describe.</p>	<ul style="list-style-type: none"> • Have to review work schedule and income, as well as look at household composition. • A lot of changes are not reported to DEL, so a lot of information needs to be reverified. Many changes may be reported to other DSHS agencies and this information cannot be forwarded to DEL. Some try to call in and can't get through. • Reapplication form does not list everything needed to reapply. This is a gap in the process. CC workers need to follow up with clients because they inevitably do not supply all the needed information.
36.	<p>What changes in circumstance have to be reported to the State if they occur before the reauthorization period is up?</p> <ul style="list-style-type: none"> • How do clients report changes? How easy or 	<ul style="list-style-type: none"> • WAC or policy guidance changed in June saying that clients can report to any DSHS worker to report changes, so they do not know. • Workers are suggesting to clients that they report changes online. Several local community resources provide access. • Many are reported to WorkFirst specialists, and they can not report to DEL.

	Question	Response
	<p>hard is it for them to report?</p> <ul style="list-style-type: none"> • How well does this work? Do clients report changes? What happens if they don't? • Are any of these changes reported to providers? If yes, when and how? 	
37.	<p>Are any of these processes (for enrollment, eligibility, redetermination, and change reporting) coordinated or linked with similar processes for other work supports (SNAP, Medicaid, TANF, etc.)?</p> <ul style="list-style-type: none"> • Are clients accessing work supports in addition to child care subsidies more apt to use online resources? 	<ul style="list-style-type: none"> • Used to have “super-workers” before SDR and they would handle all programs. There is concern about going back to this as it is too much for most staff to handle; however, it would be helpful if minor updates could be made to other systems (address, household comp, etc. in ACES). • Once SDR happened, some offices did not have “super-workers”, and so CC was split off.
Program Performance and Data		
38.	<p>What data do you use to measure performance?</p>	<ul style="list-style-type: none"> • Quantity measures are primary. • Lead workers conduct random audits. Each worker has three audits conducted on his/her work monthly. Challenge getting all leads to audit consistently. Audits are done differently throughout the State. There is a

	Question	Response
	<ul style="list-style-type: none"> How do you use the data? What is your quality assurance process? 	<p>lot of WAC interpretation. Lead worker group can review audits where there is contention about it meeting the WAC.</p> <ul style="list-style-type: none"> All aspects of case are looked at during audit, including cross check of systems. Look for accuracy and completeness. Problem with one worker being audited by multiple lead workers leads to confusion by the worker (due to inconsistency of audits). Should have templates that gather the data to use in the audits. Expectation of 60 audits completed per month by each lead.
39.	How much churn do you experience with child care subsidy clients?	<ul style="list-style-type: none"> Don't measure churn. Once people are on, they generally stay on until they no longer qualify.
Information Technology		
40.	How, ideally, would information technology support your business processes?	<ul style="list-style-type: none"> Used to have in-house IT staff available, but now have to call help desk with issues. Can give suggestions for systems enhancement. Have WCAP user group that meets every six weeks. Implementation can be completed very quickly (WCAP only). This is very valuable. Templates are needed and have been requested, but have not been provided yet. Would like to have better system to determine work schedules. SSPS is not user friendly. This should be addressed. Work number should be used for schedule as well as income verification.
Administrative Challenges		
41.	How do DEL and DSHS collaborate to manage the implementation of the child care	<ul style="list-style-type: none"> When they had the wait list, DEL would ask about impact from DSHS. DEL will listen, but they don't take into account their opinion. Recently DEL changed authorization to 23 full day units versus 22, and did not tell DSHS. Solution may be to

	Question	Response
	<p>subsidy program? What specific places or areas do the two agencies interact? How does this work? For example:</p> <ul style="list-style-type: none"> • How does DSHS learn about policy changes? • How does DEL learn about process inefficiencies requiring policy modifications? 	<p>do away with full day units and only use half day units.</p> <ul style="list-style-type: none"> • Policy guidance is the source of a lot of the rules. Difficult to get DEL to work with DSHS to undo things that make work difficult for staff. • DEL does the law and thinks policy guidance is sufficient, but it is not. DEL does not understand process impacts. • Used to have clarification database that they got rid of. Not putting policy into the rule. • Poor communication from DEL to DSHS staff, even at coordinator level
Wrap Up		
42.	<p>Is there anything else we should know for our analysis?</p>	<ul style="list-style-type: none"> • When there is a fair hearing for ineligibility decisions, administrative law judges do not look at policy, they only look at WAC. No rules support what is being asked for verification. Most hearings are CC related. Administrative law judges do not know CC. • Would be good to hear about cases that don't make it to hearing and are overturned. DEL should track which rules are not being upheld. • Disconnect between DEL's implementation of policy and how it impacts field staff. • Policy manual is gray.

**White Center Seattle Site Visit
September 13, 2012**

	Question	Response
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	Question	Response
Service Delivery Goal		
43.	<p>How ideally would Washington connect families to child care subsidies?</p>	<ul style="list-style-type: none"> • Clients need access to CC workers in the office. Helpful to have local workers helping local clients as workers know the area and providers. Workers unfamiliar with intricacies of the locale are unable to factor in nuances of traffic delay patterns, time of day, etc., which can impact the number of hours the client may need to meet her/his CC needs. Also, familiarity with one's clients and providers is helpful as well as having working relationships in the community and being able to refer clients to resources for quality information. Would help to have CC localized again. There is also a feeling of ownership coming from feeling competent in one's job. • More flexible with work schedules – if it is obviously a 9-5 job, there should be no need to request verification. There are no procedures available to workers for schedules with a lot of variance (retail mostly).
44.	<p>Where do the existing processes fall short of this vision?</p> <ul style="list-style-type: none"> • What are the root causes of these gaps? 	<ul style="list-style-type: none"> • Tiering – some is good, some is bad. At times, everything is tiered. Pool is supposed to be worked daily, but at times there is so much in the pool it cannot be worked timely. When work is being tiered, the batch gets even more backed up. • There is no conversation with staff about workload balancing. Management appears to look at reports and make changes based on that. Constantly putting out fires. Supervisor feels she had more input as a line worker than she does now that she is a supervisor. Unsure who is making decisions, just know it is somewhere above the supervisor or coordinator level. There is never enough time given to see if a plan will work before it is changed. Looking at wait times, forced disconnects, etc. • Clients are waiting on hold so long they are using all of their cell minutes. • It appears customer satisfaction is not a priority. Were using first call resolution but calls were taking too long. Customer satisfaction is defined as helping the customer promptly, even without resolution. • Too many staff having to touch each case. • Application is unclear as to what is needed to get CC (especially verifications necessary) and

	Question	Response
		<p>is complicated, but it takes a year or more to change forms. Almost every application has to have a pend letter sent. People are more inclined to want to get instructions verbally rather than in writing, hence the number of calls instead of clients following what is written in the pend letter.</p> <ul style="list-style-type: none"> • Work schedules are difficult to obtain for clients and workers. Workers are no longer allowed to obtain this information by phone. • Some employers refuse to give schedules and just refer to the Work Number. The Work Number does not give schedules, so client has to be denied.
Staffing and Service Delivery Model		
45.	<p>Describe your child care subsidy staffing in this office</p> <ul style="list-style-type: none"> • Discuss different staffing specialties including provider, self-employment, Tribal, etc. • Discuss worker to manager/supervisor ratios 	<p>There are no leads or supervisors on site at this office. However all staff members are on site.</p>
46.	<p>How are staff trained?</p> <ul style="list-style-type: none"> • How do they learn about policy/process changes? 	<ul style="list-style-type: none"> • CC worker in this office go to Federal Way for in person training for a few months in a classroom setting. They work cases with a supervisor at first. This was at the supervisor's discretion. • Now there is a week-long class required for CC workers in eastern Washington. • There is no standardized, official training. • There is a lot of on the job training. • New policy is delivered via email and offices have conversations to discuss interpretations. • Depends on the urgency and content of the change. Nice to have so many people in the office to discuss in person. With big changes there are big conference calls. There is not a lot of time for clarifying questions – it is more DEL telling DSHS about it.

	Question	Response
		<ul style="list-style-type: none"> • Haven't done this in a while, but there is a resource for online training.
High-Level Process Flow		
47.	<p>Do you think the access channels in place meet your client needs?</p> <ul style="list-style-type: none"> • Provider line • Tiering 	<ul style="list-style-type: none"> • Provider channel is being used by providers to ask about client status and complain. Think about 75% of calls are access questions/complaints. <ul style="list-style-type: none"> ○ Provider line came about because provider needs were not being met. With the line, we know what staff are doing and why calls are taking so long. • Lack of in-person contact is a problem. Many clients come into office because they are not able to get through on the phones. Then they may be given inaccurate information from non-WCCC staff. • Phone queue was 68 yesterday, used to be 60. • Web access is underutilized. Clients can complete information on the website, but sometimes some or all of the information is not transferred over to WCAP (workers have experienced this when applying for CC benefits). Get denied for not working, when the information does not submit. Then they have to call in and ask the questions. • For a while everything was getting tiered to a pool that is supposed to be worked by the end of the next business day. It is over two weeks out because everything was tiered to the pool. Everything was tiered regardless of how long it took. • Administration makes decisions about priorities based on reports and numbers. Based on time of month, metrics of quantity in batch, numbers of calls. • Felt that she had more influence as a line worker than as a supervisor. Will have a plan and put it together, and they are told by someone up high how to focus the work. Look at call stats – time on phones, number of people in queue, forced disconnects, number answered. Not a priority that client concerns are resolved. • Used to be first call resolution. Then turned out phone call times increased. Could have long after call work. That's why we cut back and started on the tiering process. • Many clients rely on their minutes, which are used up by being on hold.

	Question	Response
48.	<p>How long does it generally take from initial application to connect an applicant to benefits?</p> <ul style="list-style-type: none"> Are there some kinds of clients for whom it takes longer? If yes, which ones? 	<ul style="list-style-type: none"> An average of four people touch a case from start to finish. First touch opens case and says what verifications are needed. Perhaps she left something out. She sends it in, client calls, A lot of interpretations of what is needed to complete the case. Because of all the policy changes and the different interpretations across the State. DEL approval of changes is a bottleneck. Reapplication/application is not clear what information is needed. Clients in the past were not used to having to provide a schedule. Reapplication form has lots of words, but it is not clear exactly what parents need to provide. Can take up to a year to change a form. Send along with applications a notice with big letters describing.
49.	<p>What verifications (eligibility documentation) are required for a family to obtain benefits?</p> <ul style="list-style-type: none"> Has this changed over time? Are any of these mandated by State statute, or are they dictated by policy? 	<ul style="list-style-type: none"> Work schedule is the largest change. Can no longer take their statement on the phone. This is a big change. Schedule can be important, but does not need to be asked for on every case. Before could use your discretion. It is inhibiting where there are retail jobs that are all over the place. Have to go through and average their schedule. Before could leave it open ended, now can't do it. Two changes – got rid of 110-hour rule – if they work more than this client could get full time care. In Feb, got policy clarification on units with half days being less than 5 and full days being more than 5. Verification of schedule has always been in WAC, but 110-hour rule gave them a lot of flexibility. Before could take client statement about hours. Providers may have given up on it, also clients. May be limiting the number of children accepted by providers. Providers may be asking clients to commit fraud by signing them in earlier – want to have additional time to get paid. Knew who the providers were before – where everyone was special needs, everyone rode the bus, or came up with other ways to maximize payment. Now don't know. Desire to be stewards of tax payer money. Requesting more from the client to authorize exactly the services they need. Controls also build expenses – more overtime, and some are losing jobs because it takes too long to determine eligibility. Especially for new employees. Don't have the opportunity to serve them as we used to and give them that hand up.

	Question	Response
		<ul style="list-style-type: none"> • Citizenship for children • Parenting plan and visitation rights. Can no longer deny because of this. • Shared custody • Child care schedule • Some employers refuse to sign schedule. It's a legal issue. Want them to use the Work number. • Verifications not being turned in are the top reason for denials. Work schedule is the primary. Majority of these will reapply, or will turn in verifications without new application now knowing they need to reapply. Can reconsider if information received within 30 days – maybe 5% - now don't get back to it within 30 days because of workload. • Also not having approved activities is a reason for denial. 10-20% • 5% denied for being over income.
50.	<p>Is there a point in the enrollment process at which parents are provided information about selecting child care?</p> <ul style="list-style-type: none"> • If yes, what information are they provided, and how well does this work? • If no, is there a place in the process where you think this information could be provided effectively? Where, and how do you think it should/could be done? 	<p>Most new clients ask. Provide Child Care Aware phone number.</p>
51.	<p>Are any of these processes (for enrollment, eligibility, redetermination, and change reporting) coordinated or linked with similar processes for other work supports (SNAP, Medicaid, TANF,</p>	<ul style="list-style-type: none"> • Process worked better when CC workers were in offices. More communication between workers, more familiarity with community, etc. • Used to have relationships – holler over the fence. Different relationships in different offices were hard to understand once they went statewide. Would say things like pending for refer to CC. Don't know what this means.

	Question	Response
	etc.)? <ul style="list-style-type: none"> Are clients accessing work supports in addition to child care subsidies more apt to use online resources? 	<ul style="list-style-type: none"> WorkFirst used to take a few minutes to approve for CC. Before if they were in an approved activity – domestic violence supports, MH treatment, would allow CC. Now need to have an exception to rule approved by DEL (except job search and exception to work), others need the exception to rule. Exception to rule was approved on July 20. Exception to rule has to be initiated by a worker, if they know it is needed, supervisor needs to review and endorse, which is forwarded to a coordinator who works the exception to rule list, then goes to Aurea, and program coordinator looks at it and endorses, and then goes to DEL policy. This generally takes about a week, and some take a lot longer. In July it took a lot longer because of some glitches. Depends on a lot of people being available. DEL having to approve is in interagency agreement. Not sure where DSHS approval process came from. WAC does not address these clients specifically. ETR is silly because there is no rule, because any of the individual responsibility component is approvable. A small number of these situations were being delayed because of the larger volume of ETRs. Were delaying the legitimate ETRs with rules behind them. Aurea will get a number. She sees a few a day. ETRs go into the general batch when a decision is made by DEL. Aurea looks for them and manually and forwards them. No tickler is created for these.
52.	Describe how batch work is managed	<ul style="list-style-type: none"> Build missions – one says you work criminal background checks and something DLW is the tiering – these should be worked within a day Applications or reapplications Oldest batch – documents coming in Special needs is a mission Used to have goals about quantity of work. Union says you can't set goals for phone calls or batch work. Want to get back to serving, accomplishing. This helped create excitement. Some people would get really nervous.
Program Performance and Data		

	Question	Response
53.	What data do you use to measure performance? <ul style="list-style-type: none"> • How do you use the data? • What is your quality assurance process? 	<ul style="list-style-type: none"> • You are primarily measured on numbers (time and number is the priority instead of resolution). • Looked at a pending for little bit, but that was not a good measure because it could go either way. • Audit has more to do with filling in all the little spaces in the computer. This takes a lot longer. • Used to be able to complete cases in 15-20 minutes. Now would take an hour to complete. Slowed down because need to check policy because it is constantly changing. Also audits slow down process because need to fill in each space. • Audits are associated with fear. Everyone is using them as a learning tool – it is not a part of their evaluation. Hard to be audited by different lead workers and you are audited on different things. • People may not want to finish a case because they do not want to own it. Reason why they don't want to finish is the perception they would maybe get an audit that would be bad and it could go toward the evaluation and not be used a learning tool. Maybe also don't finish the case because they are confused with all that happened with the previous people. Or maybe it takes too long to clean it up, so it is easier to pend.
54.	How much churn do you experience with child care subsidy clients?	Churn happens a lot because clients are not aware of new rules.
Administrative Challenges		
55.	How do DEL and DSHS collaborate to manage the implementation of the child care subsidy program? What specific places or areas do the two agencies interact? How does this work? For example:	<ul style="list-style-type: none"> • DEL's concern with policy is to make sure children receiving CC are not placed in high-risk situations. DSHS's concern is that case is being done correctly. Not a conflict, just hard to get the two to meet. Many of the rules are to protect the child, and these are good (e.g. in-home providers need to meet suitability requirements). Others keep them from doing their jobs – e.g. units – full day half day – the 110 rule worked well. Had discretion for travel time and others.

	Question	Response
	<ul style="list-style-type: none"> • How does DSHS learn about policy changes? • How does DEL learn about process inefficiencies requiring policy modifications? 	<ul style="list-style-type: none"> • Not sure how much, if any, input DSHS is allowed to give to DEL for policy changes. DEL has not asked for input in the last few years from supervisors or line staff in DSHS. Supervisor has been reprimanded for questioning new policy. CC workers feel they have valuable feedback to provide with respect to new policy. DEL has been invited to join discussions with DSHS, but has not shown up. Fraud has been reported by CC staff and DEL has had no follow-up. Difficult for CC staff to share info (desk aids cannot be shared statewide, per DEL). “We are scared” (CC staff). “We have to be brave to share information.” Feels like DEL is “the man behind the curtain from the Wizard of Oz”. • With new WACs, DSHS was never asked for input. Could have prevented a lot of the problems that happened. Could have given input on how to make it work better – how it would impact providers and clients. Makes me sad that people making rules won’t talk to us. Have asked them to come to meetings and they wont come. DEL does not want to know what we think. • When we took over seasonal, had input from public, but same consideration was not given to DSHS. • Huge disconnect between the two. Need to get to the point where we are talking to each other again to remove some of the craziness about policy interpretations. • DEL needs to talk to people on the front line. • DSHS is the police for the policy. • Losing clarification database has hurt CC staff. Used to communicate with DSHS using this database. Losing this lost the voice to ask questions or know what was going on. • Feels like CC staff have lost their voice. Feeling of “You are not high enough in the chain of command to bring issues to DEL.” • Feels like there is constant fight between DEL and CC staff and CC staff don’t understand why. “We all have the same goals.” Even administrators are not invited to have conversations with DEL when developing policy. • Would be helpful to DSHS staff for DEL to “give they why” of new policies. Not a lot of visibility with policy changes. Want to know why – give them the why like in Starbucks. Why

	Question	Response
		<p>can't be because DEL says so. This is hard for workers who have to talk to clients. Makes you feel more secure in your knowledge. This could also make it easier to understand where you have flexibility and where you don't.</p> <ul style="list-style-type: none"> • Workers do not know "who the expert is in CC policy right now". • There are regulations in place that impede other regulations in place. Bureaucracy of DEL makes it longer to get an answer. Need better way to streamline.

FOCUS GROUP INTERVIEW PROTOCOL

Valuing Subsidies (10 mins)

1. Those are a lot of different ideas about Working Connections (and Seasonal) Child Care. I'm going to refer back to a lot of those words as we go through the discussion so I can find out more about what you were thinking when you mentioned different words. First of all, though, we want to talk about the value of Working Connections Child Care for you and your family.

(If applicable, some of you said words like X, Y, Z. Those words suggest that you think it is valuable). (If applicable And some of you said, like Q, R, S suggest that getting the assistance involves some costs to your families in terms of time or effort). There are parts of the program that it sounds like add value and there are parts of the program that might take away some of the value or make it less worthwhile.

When you think about Working Connections Child Care – how would you describe its “value” to you? What is most important thing about the help it gives you?

Probe: One thing that seems important about the assistance, is the support it offers so you can work (or attend school). Can some of you talk about how Working Connections Child Care is valuable in terms of supporting your employment?

2. Now let's talk about the opposite, what part of the program is the most “costly” or time consuming or difficult? We want to know, what of Working Connections Child Care, if there is one, makes you think about just giving up on it?

Probe: Because Working Connections (and Seasonal) Child Care are really about helping families like yours work (or attend school), we are also interested in finding out if there are any parts of the program that you feel get in the way of your job?

Applying for Subsidies (10 mins)

3. Now we're going to step back and talk about specific parts of the process of applying for and keeping your Working Connections (Seasonal) Child Care Assistance. I'd like to ask you to think back to when you first applied for child care assistance. Could you talk about where you heard about the program and how you submitted the application information?

- *Optional probe: What about others? How did you hear about the program and how did you apply?*
- *Optional probe: Did any of you apply over the internet?*

- *Optional probe: Did any of you apply through your child care provider?*
 - *Optional probe: Did any of you apply by mailing in your application or maybe faxing it?*
4. For those of you who applied through _____, could you tell us a little bit (more) about that experience? We're interested in both the parts of it that you liked or thought worked well or were easy and we're interested in the parts you didn't like or didn't think worked well or were difficult.
- *Probe: Many families have to submit things like paystubs or birth certificates or other documentation of what they put on their application. What parts of the documentation did you think were easy to provide? Which were difficult? Why? How did the child care eligibility worker help you in this process?*
 - *Probe: Sometimes when families are applying for assistance, they need certain information about the application process or have questions about it. When you needed information or had questions were you able to get answers? Explain.*
5. Okay, now let's take an informal poll. I'd like to know your preference for how to apply for Working Connections (Seasonal) Child Care... here are the options I'll give you. Meeting with a worker at the DSHS office, over the phone, by mail, through your child care provider, through the internet (*list options by show of hands*).
- *Probe: For those of you who said _____, what do you find appealing about applying that way? Why is it your first choice?*
 - *Optional probe: Is there anyone who would not want to apply by _____? Why not?*
 - *Optional probe: Is there some way I haven't mentioned that you would prefer? OR Imagine you could apply anywhere – how or where do you think families should be able to apply?*

Managing Subsidies after Application is Approved (15 mins)

6. Let's shift now to talking about what you have to do each month so your child care provider can get paid. My understanding is that you have to sign your child in and out each day they are in care, including the time, the date, and your signature. Is that correct? Can you tell me a little bit more about how this works for you?
- *Probe: What happens if you forget to sign?*
 - *Probe: If you could make one change to improve the process, what change would you make?*

- *Optional probes: Is it easy or difficult to meet the requirement to sign your child in and out each day? What does it look like when it's easy? What does it look like when it's hard?*
7. We also know that you are required to report changes in your family circumstances that might affect your child care assistance amount. How many of you have had to report a change like that, such as if your work hours change, or you move, or your income changes, or if you choose a different child care provider? Tell me a little bit about what you would have to do to or how you would report this kind of change.
- *Optional probe: Is it easy or difficult to meet this requirement?*
 - *Optional probe: What does it look like when it's easy?*
 - *Optional probe: What does it look like when it's hard?*

 - *Probe: If you could make one change to improve the process, what change would you make?*
8. The last part of the process that we want to talk about is reapplication. Our understanding of that process is you receive a letter about 45 days before your authorization ends and you have to submit recent income documentation. Is that correct? For those of you who have been through the reapplication process, can you share your perspective on what worked and didn't work about that process?
- *Optional probe: How well did you understand what you needed to do to continue receiving assistance? Explain.*
 - *Optional probe: How easy or difficult was it to do what you needed to continue receiving assistance? Explain.*

Benefit Coordination (10 mins)

9. Many families involved with Working Connections Child Care also receive assistance through SNAP, Medicaid, Apple Health for Kids, maybe Work First. We are interested in hearing from you about the ways that those programs are coordinated or ways that you have to do the same things to qualify separately for each program. How many of you are involved with one of these other types of assistance?
10. For those of you who are only involved with Working Connections (Seasonal) Child Care, do you wish someone had talked to you about other kinds of supports that might be available or would that be a waste of your time?

- *Optional probe: Why wouldn't you want to hear about other supports when you applied for Working Connections (Seasonal) Child Care?*
- *Optional probe: What kind of information or conversation would you want to have about these other supports?*

11. For those of you involved with more than one type of assistance, if you think about Working Connections (or Seasonal) Child Care and the other kinds of assistance you get through DSHS, could you talk about whether you had to find out and apply for each one separately or did someone help you figure out all of the programs that you might be eligible for? Tell us a little bit about what that looked like.

- *Optional probe: Who helped you figure out which programs you were eligible for?*
- *Optional probe: Was there paperwork or information you had to submit more than once or had to submit separately for different programs? Explain.*

Costs of Communicating with DSHS/Opportunities for Efficiencies (10 mins)

12. Now I'd like to talk a little bit your overall experience in working with DSHS around your Working Connections (Seasonal) Child Care Assistance. Could you tell us what it is like when you try to reach someone at DSHS by telephone or when you try to visit an office in person?

- *Optional probe: Would you say it is easy or difficult to get in touch with someone at DSHS when you need to?*
- *Optional probe: Does it matter to you that (fill what it is like)? If so, why?*
- *Optional probe: How does this affect you or your family?*

13. We understand that sometimes when you have an issue with Working Connections (or Seasonal) Child Care, it might be difficult to get the problem resolved. Have any of you had an experience like that?

- *If yes, probe: Could you tell us a little bit about what happened and what, ideally, would have happened instead?*
- *If no, probe: What usually happens when you have or question or a problem?*

14. *If not raised spontaneously through earlier questions:* When we talk to parents about caseworkers, sometimes they feel like caseworkers treat them well, sometimes parents feel mistreated and sometimes parents don't really care one way or the other how they are treated. What are your thoughts about how you are treated by the caseworkers for Working Connections (or Seasonal) Child Care?

- *Optional probe: Why does this matter? Why should DSHS or DEL be concerned about whether you are well-treated by caseworkers?*

Child Care Options, Choice & Quality (10 mins)

15. The Department of Early Learning—which sets policy for Working Connections Child Care—is interested in making sure that families get information about all of their child care options, and what to look for to determine if the provider is offering high quality care. But we also know that many families have their own ideas about what their options are and about how to choose a caregiver or child care program. Did any of you get any help from DSHS as far as figuring out your child care provider options, or how to evaluate those options? How about help from a child care resource and referral agency?
- Probe *if yes (DSHS)*: Tell us what that help looked like?
 - Probe *if yes (R&R)*: How did you know to contact the resource and referral agency?
16. Thinking back to when you were first applying for Working Connections Child Care—and even now—what kind of information about your child care options would you find useful?
17. What do you think is the best way to get this kind of information to parents?
18. *If applicable*, Some of you sound like you don't need this kind of information. Can you tell us a little bit more about why you don't think it would be helpful?

Wrap-Up (10 minutes)

We're just about out of time. I want to wrap up in about 10 minutes. This has been a terrific conversation.

19. *If there are some concepts suggested by the "one words" that haven't been touched on in greater detail during the discussion but seem informative, ask about them.*
20. Okay, my last question is for each one of you... We often ask focus group participants to imagine they had a magic wand... so here is the magic wand that you each can wave and imagine you can make one change to Working Connections (or Seasonal) Child Care. What change would you ask for to make the program better for you and your family?