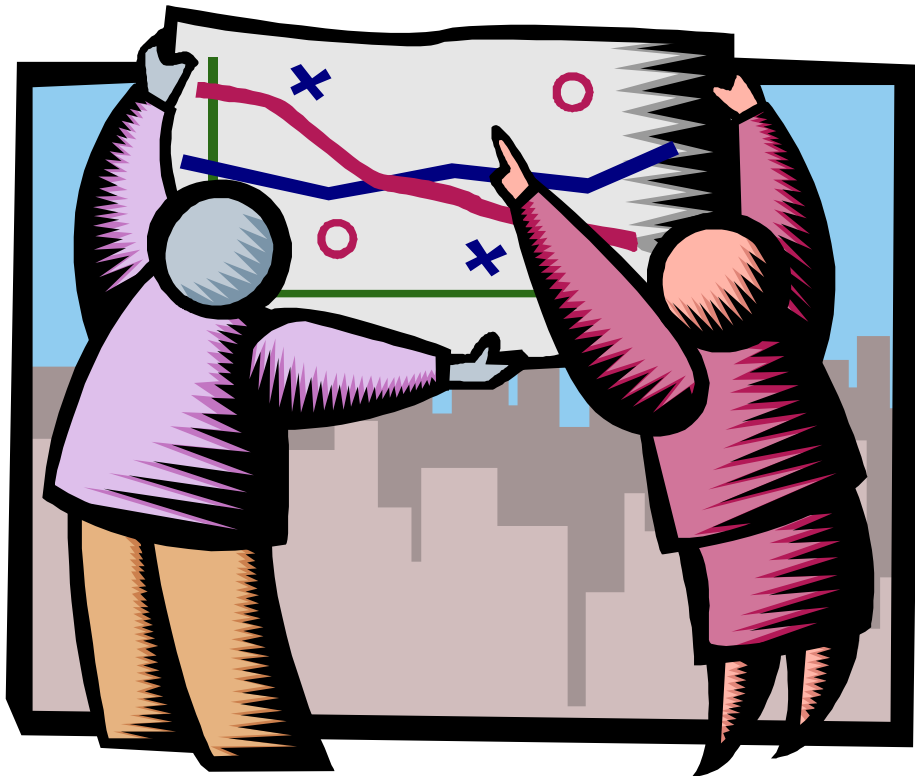


STATE OF ALASKA  
DEPARTMENT OF HEALTH AND SOCIAL SERVICES  
DIVISION OF PUBLIC ASSISTANCE  
QUALITY ASSESSMENT UNIT

---

# FOOD STAMP PROGRAM CORRECTIVE ACTION PLAN

**May 2006 Update**



## Table of Contents

	Executive Summary	2
I.	Introduction	4
II.	Analysis of Errors	7
	A. Methodology	
	B. QC Active Case Error Data Analysis	
	C. Negative Case Errors	
	D. Quality Control Case Reviews Not Completed	
III.	Corrective Action Plan	13
	A. Corrective Action on Top Four Errors	
	B. Corrective Action on Other Error Trends	
	C. Ongoing Payment Accuracy Initiatives	
	D. Case Review Non-Completion	
	E. Detailed Corrective Action Plans	

## Executive Summary

The Alaska Department of Health and Social Services (DHSS) is committed to improving food stamp program payment accuracy. Error trends are identified through analysis of Quality Control (QC) data and plans are formulated to reduce or eliminate errors.

In federal fiscal year (FFY) 2005, Alaska reported its food stamp payment error rate at **6.71** percent, above the national average of 5.56 percent. This error rate translates to a food stamp payment accuracy rate for FFY 2005 of **93.29** percent. While this error rate continues to exceed the national average, it attests to Alaska's continued efforts to maintain last year's accuracy achievements along with demanding caseload growth.

Alaska reported its food stamp negative case error rate in FFY 2005 at **0.79** percent. This is seventh in the nation and below the national average of 5.91 percent. Negative case reviews (of cases denied, terminated, or suspended) have shown improvement in FFY 2005 over the previous year, with a case accuracy rate of **99.21** percent compared to FFY 2004 at 97.4 percent.

Alaska's May 2006 Food Stamp Program Corrective Action Plan focuses on the Quality Control reviews for FFY 2005 (October 2004 through September 2005), and looks at the initial trends for FFY 2006.

Alaska's Food Stamp Payment Accuracy Rates for FFY 2005 were reported as follows:

**Active Payment Accuracy Rate: 93.29 percent** (error rate 6.71 percent)

**Negative Case Accuracy Rate: 99.21 percent** (error rate 0.79 percent)

The chart below illustrates the progression of Alaska's active payment accuracy rate for FFY 2003 - FFY 2006 (YTD), with major initiatives that were implemented.

Year	Corrective Action Activity	Accuracy Rate
FFY 06	<ul style="list-style-type: none"> <li>• Alaska conducts Workload Analysis Study</li> <li>• DPA Reports Website</li> </ul>	
FFY 05	<ul style="list-style-type: none"> <li>• Standardized Case Notes (CANO) implemented</li> </ul>	93.29%*
FFY 04	<ul style="list-style-type: none"> <li>• Alaska implemented Semi-Annual Reporting in January 2004 to help reduce client errors</li> <li>• Regional Case Readers deployed</li> <li>• Annual Statewide Learning Summits initiated</li> <li>• Web Based Skill Challenges introduced</li> </ul>	93.04%*
FFY 03	<ul style="list-style-type: none"> <li>• Alaska implemented the Quality Assessment Review Committee (QARC) November 2003</li> <li>• Creation of Local Quality Councils</li> </ul>	86.12%

\* reflects unregressed accuracy rate for FFY 05

## I. INTRODUCTION

In federal fiscal year (FFY) 2005, Alaska reported its food stamp payment error rate at **6.71** percent. The preliminary national average is 5.53 percent. This is a slight improvement over the payment accuracy achieved by the State in FFY 2004, despite substantial caseload growth. However this leveling off of payment accuracy challenges the state to step up its efforts to increase payment accuracy in FFY 2006 and beyond.

Alaska reported its food stamp negative case error rate in FFY 2005 at **0.79** percent, far better than the national average of 5.91 percent. Our negative error rate has consistently been better than the national average, and in FFY 2005 Alaska was ranked seventh in the nation for negative case accuracy.

The following chart shows the progression of the state's active and negative error rates for the past ten years, compared to the national average.

**Alaska Historical Error Rates (regressed),  
Active and Negative, FFY 1996 to FFY 2005**

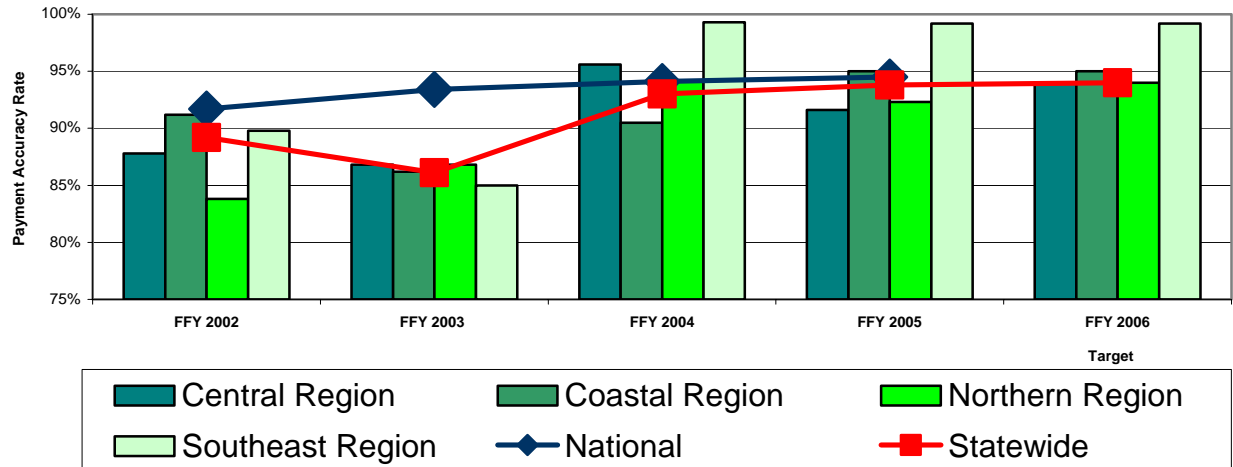
FFY	State Active Dollar Error Rate	National Average	State Negative Case Error Rate	National Average
2005	6.71%	5.56%	0.79%	5.91%
2004	6.96% **	5.88%	2.60% **	6.52% **
2003	13.88% **	6.63%	3.11% **	4.99% **
2002	10.76% **	8.26%	6.76% **	7.87% **
2001	9.69% **	8.66%	4.17% **	8.30% **
2000	7.24% **	8.91%	4.55% **	5.41% **
1999	15.94% **	9.86%	4.71% **	2.61%
1998	14.19% **	10.70%	4.21% **	2.44%
1997	11.82% **	9.75%	3.69% **	3.25%
1996	7.5% **	9.23%	0.35% **	3.58%

\*\*Validated and regressed figures. Negative error figures for previous years are not validated.

In this Corrective Action Plan, the error rates are the unregressed rates unless the error rate is specifically identified as being the regressed rate (as in the table above). The unregressed error rate represents state quality control actual findings, also called state-reported findings. The regressed error rate is an adjustment to the state-reported findings and takes into account any federal differences with state-reported findings and the number of reviews completed.

The following graph further illustrates Alaska's active payment accuracy for the past five years in comparison to the national average, and provides further delineation by Alaska region.

## History of Food Stamp Payment Accuracy Rates National, Statewide and Regional FFY 2005



To succeed in our “Better Than Average” accuracy improvement campaign in FFY 2006 and beyond, Alaska strives to maintain the outstanding accuracy achieved by the Southeast Region, sustain or improve the accuracy gains achieved by the Coastal Region, and focus additional efforts at improving payment accuracy in the Central and Northern Regions.

Alaska was required to complete at least 394 federal active reviews for FFY 05. This number has increased from 354 in FFY 03, and 377 in FFY 04, in response to increased caseloads. FNS Quality Control staff reviews approximately 59 percent of the state’s completed cases, plus 100 percent of cases dropped as “not subject to review” or “incomplete”. If FNS disagrees with the state finding, the difference (if upheld after arbitration) is factored into one part of the regression rate. The other part of the regression rate is determined by how many reviews are completed. The entire regression rate is then added to the state-reported rate. The (unregressed) state-reported rate for FFY 2005 was 6.17 percent. Adding the regression rate of 0.54 percent resulted in the official regressed rate of 6.71 percent. Regression rates are always determined after the final cases are reported for the federal fiscal year.

A similar process is followed when determining the negative case error rate. The state is required to complete at least 409 negative reviews. In FFY 2005, the state completed 254 negative reviews. FNS reviewed approximately 33 percent of the completed cases, plus all cases dropped as “not subject to review”.

Alaska’s November 2005 Food Stamp Program Corrective Action Plan addressed the FFY 2005 QC reviews completed prior to the November 2005 CAP submission deadline and outlined initiatives being implemented at that time. This plan covers all reviews for FFY 05, describes early error trends for FFY 06, and describes current initiatives to address the active and negative error rates.

Section II of this report contains the analysis of errors and error trends. Section III addresses corrective action activities and initiatives, specifically addressed to the error elements that have the greatest impact on the state's error rate.

### **Bonuses and Federal Sanctions**

With passage of the Farm Bill in 2002, the enhanced funding and sanction process previously used by FNS was changed to a system of bonuses based on performance in several categories. For the first time, states showing the most improvement in one of those categories, even if not in the top tier of states, are now eligible for a bonus.

Alaska received a \$205,389 bonus for most improved payment error rate from FFY 2003 to FFY 2004.

### **Alaska Food Stamp Reinvestment Plans**

The State of Alaska met its obligations under the FFY97, FFY98, FY99, and FFY01 Reinvestment Plans. The plans aim to improve Food Stamp payment accuracy by state investment in corrective action initiatives with this purpose. The State still has FFY02 penalty money at risk for FFY 2004 and 2005, and has negotiated with FNS to reinvest 100 percent of its FFY 2004 at-risk amount. The state requested relief in spite of missing its target because it was able to reduce the error rate 6.92-percentage points between FFY 2003 and FFY 2004.

## II. ANALYSIS OF ERRORS

### A. Methodology:

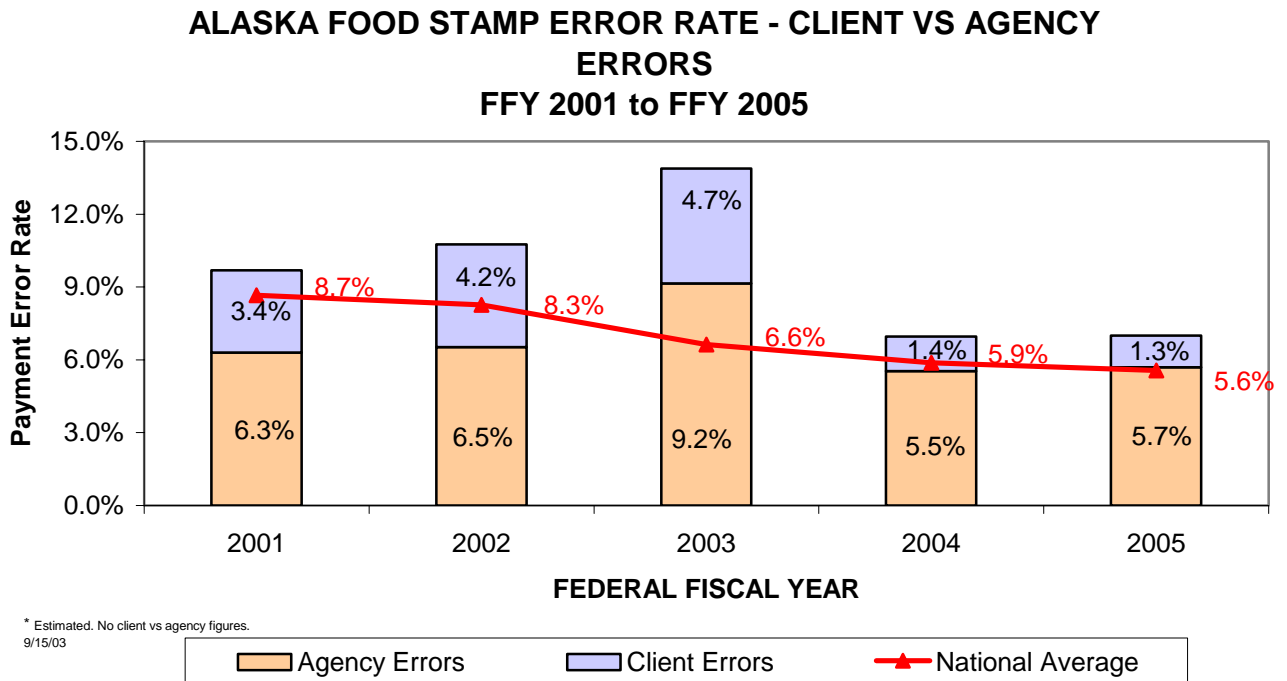
The primary data source for this report was the findings from the federally required QC review process conducted by the state.

Findings are listed as either dollar errors or case errors. A dollar error percentage rate (used for active reviews) is computed by dividing the dollar amount in error into the total dollars issued to sampled cases. A case error percentage rate (used for negative reviews) is determined by dividing the number of cases with countable errors into the total number of reviews completed.

### B. QC Active Case Error Data Analysis:

#### Agency Versus Client Errors

In January 2004, Alaska implemented Semi-Annual Reporting in an effort to reduce client errors. As the following chart illustrates, Semi-Annual Reporting appears to have contributed significantly to the improvement of Alaska's payment error rate.





Alaska will continue to seek ways to reduce client-caused errors, however corrective action efforts are now mainly focused on reducing agency- caused errors.

### Comparison of Primary Error Elements and Error Dollars

This table provides information about the primary agency-caused errors found in FFY 2005, based on QC data reported to FNS. It examines the number of times errors occurred in the various error elements, the total error dollars that occurred in each element, and the percent of error dollars to the total number of agency-caused error dollars. (In FFY 2005, \$8,686 was paid in error. Of this amount, \$6,179 was in cases with agency or a combination of agency and client-caused errors, with the remaining \$2,507 being client caused.) This information identifies those agency-caused errors that have the greatest impact on the error rate. The error elements are listed in order of the total agency caused dollar errors, showing the impact of specific errors.

#### Comparison of Primary Error Elements and Error Dollars, FFY 2005 (Total Agency Caused Error Dollars Reported, FFY 2005: \$6,179)

Element and Description		Total Error Dollars	Occurrences	Percent of Error Dollars to \$6,179
311	Wages and Salaries (Earned Income)	\$2957	12	48 %
150	Household Composition	506	4	8 %
363	Shelter Deduction	399	3	6 %
350	Child Support Received	357	3	6 %
151	Recipient Disqualification	307	3	5 %
334	Unemployment Compensation	298	1	5 %
331	RSDI Benefits	248	2	4 %
335	Worker's Compensation	234	1	4 %
312	Self-Employment	231	3	4 %
344	TANF, PA, or GA	136	2	2 %
366	Child Support Paid	132	1	2 %
333	SSI and/or State SSI Supplement	130	1	2 %
346	Other Unearned Income	101	1	1.5%
361	Standard Deduction	60	1	1 %
111	Student Status	51	1	1 %
520	Arithmetic Computation	32	1	0.5%
<b>Total</b>		<b>\$6,179</b>	<b>40</b>	<b>100 %</b>

Earned income errors (element 311) represent 12 of 40 errors or 30 percent of all active agency caused errors reported to FNS in FFY 2005. However, these errors account for 48 percent of agency-caused dollar errors in FFY 2005, a disproportionate share of error dollars. Reducing the number and amount of agency-caused earned income errors remains the highest priority.

## Agency Caused Earned Income Errors

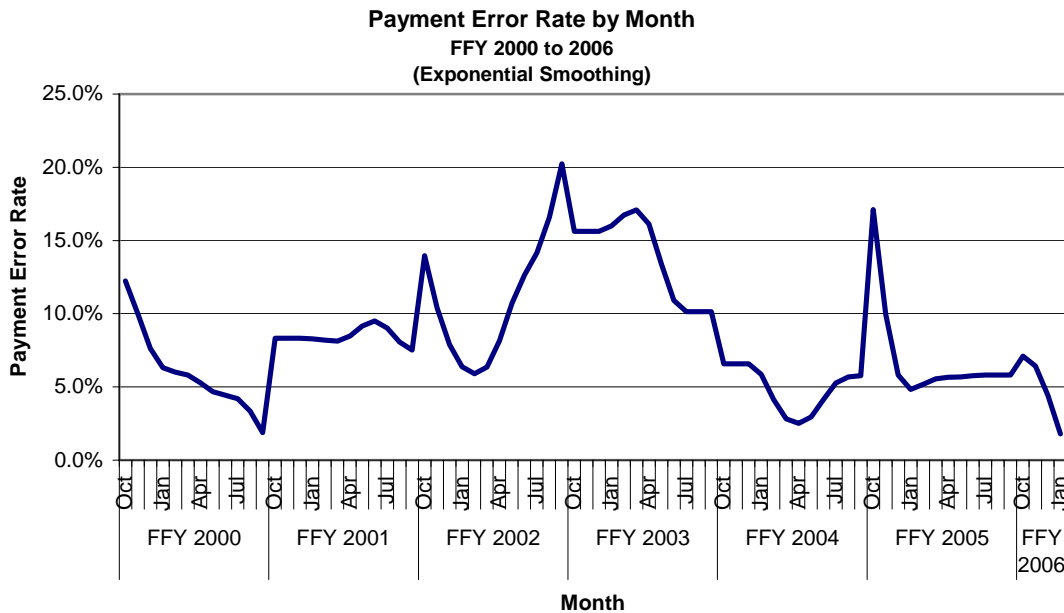
A further analysis of the agency-caused earned income errors reveals the following:

- Data Entry Errors – 32%
- Policy Incorrectly Applied – 19%
- Reported Information Disregarded - 16%
- Failure to Verify – 12%
- Failure to Follow Up On Inaccurate Information – 9%
- Failure to Follow Up On Changes – 8%
- Arithmetic Error – 4%

Addressing the factors and processes responsible for the most prevalent causes remains a primary focus of the Division.

## Historical Monthly Error Rates

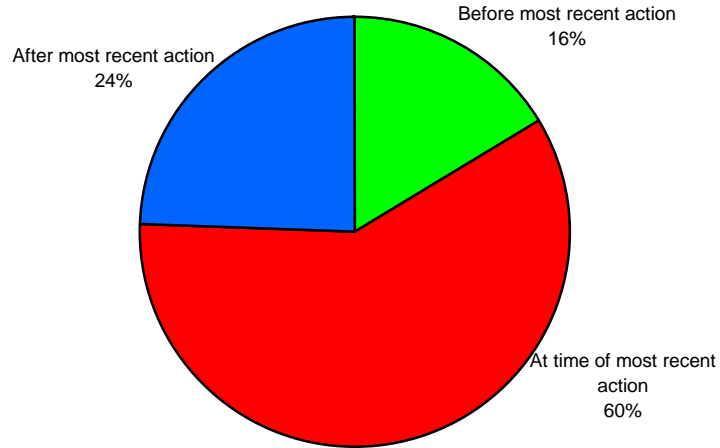
The following table examines historical information for the agency and client payment error rate by month for FFY 2000 through January 2006. This table highlights a spike in the payment error rate in the month of September, October or November for most fiscal years.



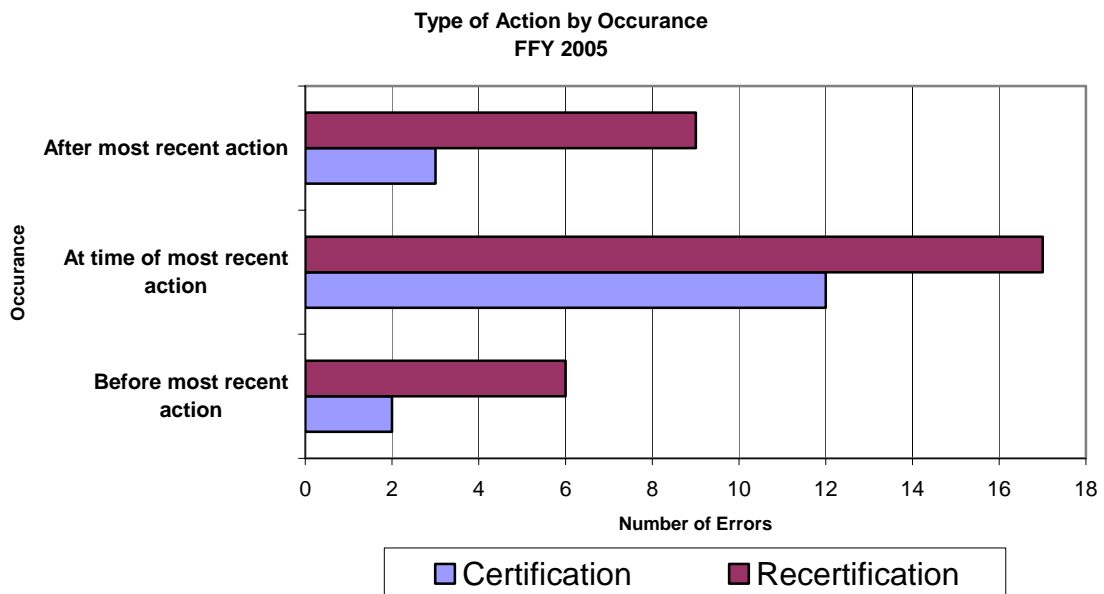
## Errors at Time of Occurrence

As illustrated in the following chart, in FFY 2005, Alaska reported that 76 percent of errors occurred before or at most recent certification. In FFY 2004, 69 percent of errors nationally occurred before or at most recent certification.

**Distribution of Food Stamp Errors by Time of Occurrence  
FFY 2005**



The next chart indicates that more of the errors tend to occur at recertification than at certification. Focusing case review efforts at the time of recertification and certification increases the likelihood of catching and correcting errors, and using case reviewer and supervisory resources most effectively.



**C. Negative Case Errors:**

In FFY 2005, Alaska reported only 2 negative errors, for a negative case error rate of 0.79 percent. The national average was 5.91 percent. Alaska was ranked seventh in the nation for negative case accuracy. Negative case reviews (of cases denied, terminated, or suspended) have shown improvement in each of the past three years and consistently remain below the national average.

**D. Quality Control Case Reviews Not Completed:**

Alaska was required to complete at least 394 active quality control case reviews in FFY 2005. There were 401 reviews completed. Reviews that cannot be completed are reported as Code 2 (Not Subject to Review), or Code 3 (Incomplete).

Code 2 cases are commonly those households that have moved out of state, have died, or cannot be located after several documented attempts. Code 3 cases include those in which the client has refused to cooperate in the review process and the state has been unable to reach a likely conclusion regarding the household's eligibility and benefit amount from available information. In these situations, clients are placed in sanction and do not receive further food stamps until they cooperate in the review process, or ninety-five days have passed since the end of the federal fiscal year (usually January 3 of the next year).

Code 3 cases also include those in which the client cooperated, but collateral sources did not cooperate or return needed information for mandatory verifications, and the state has been unable to reach a likely conclusion regarding the household's eligibility and benefit amount.

In the following table, Code 2 refers to cases that are not subject to review. Code 3 is used for all cases that could not be completed, whether because of client non-cooperation or other reasons.

## NSTR and Not Completed Cases by Month for FFY 03 through FFY 05

Month	FFY 2003			FFY 2004			FFY 2005		
	Code			Code			Code		
	2	3	Total	2	3	Total	2	3	Total
October	2	1	3	2	0	2	3	3	6
November	4	0	4	2	0	2	2	1	3
December	1	1	2	5	0	5	1	0	1
January	3	0	3	4	0	4	1	0	1
February	2	1	3	1	0	1	1	0	1
March	0	0	0	2	0	2	3	0	3
April	0	0	0	3	4	7	3	6	9
May	1	2	3	3	2	5	2	2	4
June	1	1	2	4	2	6	1	3	4
July	2	0	2	2	1	3	2	1	3
August	3	4	7	4	1	5	3	5	8
September	2	5	7	4	1	5	3	3	6
<b>Total</b>	21	15	36	36	11	47	25	24	49

The following tables compare all dropped cases for the last three federal fiscal years. Non-completion rates are determined by calculating the percentage of incomplete reviews (code 3) to the total number of cases selected for review. Alaska's percentage of cases not completed has been adversely affected by FNS' recent interpretation limiting drawing likely conclusions and now exceeds 5 percent of the total cases selected for review.

### Non-Completion Rate

	FFY 2003	FFY 2004	FFY 2005
<b>Total Cases Selected for Review</b>	388	379	450
<b>Total Not Completed (Code 3)</b>	15	11	24
<b>Percent Not Completed</b>	3.9%	2.9%	5.3%

The percentage of cases that are "not subject to review" impedes Alaska's ability to complete 98 percent of cases, and thus adversely impacts the error rate.

### Cases Not Subject to Review

	FFY 2003	FFY 2004	FFY 2005
<b>Total Cases Selected for Review</b>	388	379	450
<b>Total Not Subject to Review (Code 2)</b>	21	36	25
<b>Percent NSTR</b>	5.4%	9.5%	5.6%

### III. CORRECTIVE ACTIONS

Alaska remains committed to Food Stamp Program payment accuracy. Over the years, DHSS has implemented processes that we believe contribute to lowering the error rate. Examples include: adoption of Semi Annual Reporting, prospective budgeting, the Quality Assessment Review Committee (QARC), a process to ensure that QC errors found in the QARC process are being corrected, Local Quality Councils comprised of staff who strive to develop process improvements at the office level, regularly updated on-line policy manuals, regional case reviewer positions, standardized case notes (CANOs), increased involvement by supervisors in leadership meetings and in training and mentoring staff, annual statewide training workshops, DPA employee web site home page with constant focus on Food Stamp accuracy, and the DPA E-News. In the current federal fiscal year Alaska is conducting a statewide workload analysis study to gather relevant data to accurately measure the work burden and help assess the effectiveness of existing work processes and staff resource deployment.

This section focuses on the most common errors, examines progress made in correcting these errors, and identifies initiatives and improvements. We believe the tools described in this section are our best means of reducing the food stamp error rate.

One of the most significant payment accuracy initiatives has been the Quality Assessment Review Committee (QARC). Begun in 2003, it is the main forum for reviewing all quality control errors, whether active or negative. All errors are thoroughly examined within our Quality Assessment Unit, but the QARC provides a final evaluation of each error to determine if all policies were correctly applied. In addition, the substance of each error is reviewed to determine trends, system changes, training needs, and other corrective action needed to prevent future occurrences of the same type of error. Discussions of case errors at the QARC are also a primary source for articles for the Division's electronic newsletter DPA E-News. The committee reviews error cases from other programs as well, which can lead to beneficial changes that also affect the Food Stamp Program.

Another initiative involves the adoption of standardized case note (CANO) formats in our Eligibility Information System to help eligibility workers reduce the instances of overlooked eligibility criteria. This also helps workers document their actions and findings consistently statewide and helps prevent errors when cases are transferred between local offices.

A common theme throughout all error elements is the prevalence of agency-caused errors. Workers not knowing what action to take, and workers not taking any action on the reported information most commonly cause these errors. Training addresses the first problem, as the purpose of training is to teach people what action needs to be taken and how to do so correctly. The second issue is more difficult. Quality Assessment and supervisory staff will be working with eligibility staff to identify critical points in the process. This information, combined with the results of the workload analysis study, will be used to identify and recommend needed improvements.

For FFY 2005, we identified the top four agency-caused payment errors by identifying the dollar amount of these errors in relation to the amount of all agency error dollars. The top four errors (below) account for 68 percent of all agency caused dollar errors.

**The top four agency caused payment errors that occurred in FFY 2005 are:**

- Earned Income, 48%
- Household Composition, 8%
- Shelter Deduction, 6%
- Child Support Received, 6%

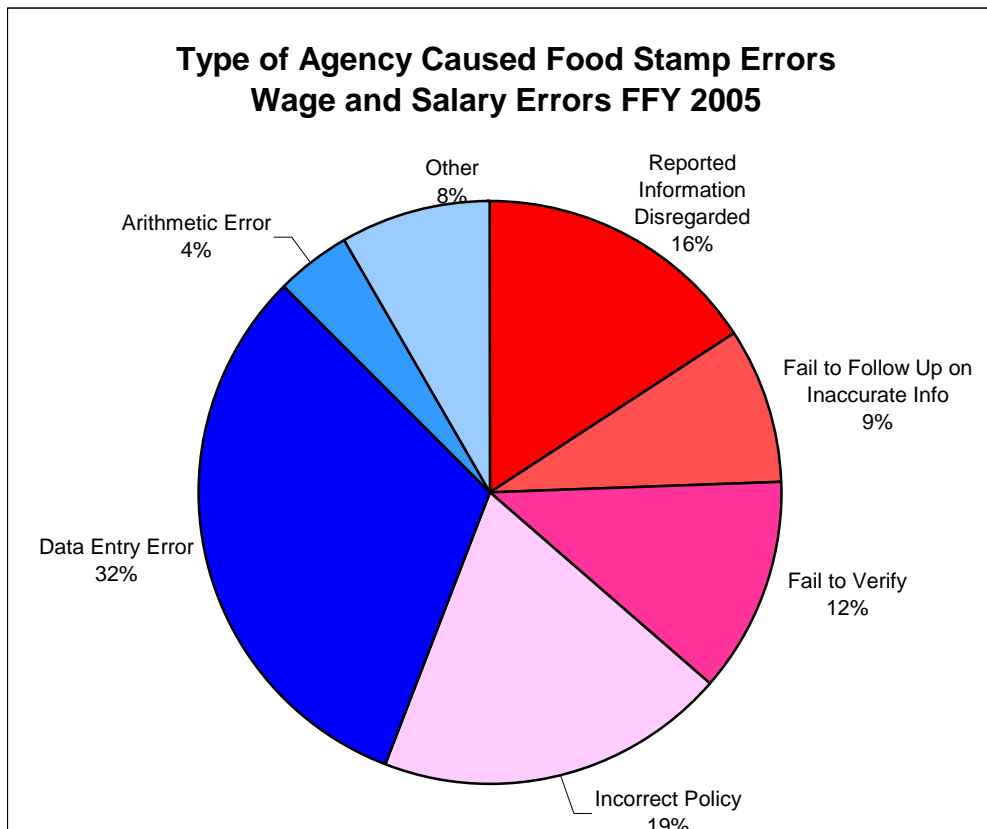
**A. Corrective Action on Top Four Errors**

**Earned Income, Element 311:**

The 12 agency-caused earned income errors (totaling \$2,957) accounted for 48 percent of all agency caused error dollars in FFY 2005.

**Cause:**

We believe the number of errors in this element has remained high because more clients are working. As illustrated below, Alaska’s largest payment errors are due to: data entry errors, incorrect application of policy, reported information disregarded, failing to verify, and failing to follow up on inaccurate information.



Corrective Actions:

Supervisors and Regional Case Reviewers focus ongoing review efforts on work performed by new caseworkers and on high allotment earned income cases. This supplements the more formal classroom training provided by the Staff Development and Training (SD&T) Unit, and provides on-going and constant feedback within the offices. A number of additional initiatives are underway at the state, region and office level to promote payment accuracy. All of the initiatives described in Section C below have improvement of payment accuracy in cases with earned income as a primary focus. In addition, the updated corrective action planning record for each Section and Field Services Region involved in the administration and delivery of Food Stamp benefits is presented in Section E.

**Household Composition, Element 150:**

The 4 agency caused Household Composition errors (totaling \$506) accounted for 8 percent of all agency caused error dollars in FFY 2005.

Cause:

Agency-caused errors occurred because: newborn household members were not added, the agency failed to act on a report at recertification, and the Semi-Annual Reporting certification period was too long resulting in a household composition error.

Corrective Action:

Efforts have been made each year to identify ways to reduce the number of errors caused when eligibility workers do not take action, or do not take the correct action, on reported changes. Alaska plans to further enhance its corrective action strategies through training to help managers and supervisors gain the ability and knowledge to assess data and identify error trends and causal factors.

Alaska has also taken steps to prevent errors caused by Semi-Annual Reporting certification periods that exceed six months. We identified all Food Stamp certification periods over six months in the eligibility system in order to make the necessary corrections. An article on this topic has also been published in *DPA E-News*.

**Shelter Deduction, Element 363:**

The 3 agency caused shelter deduction errors (totaling \$399) accounted for 6 percent of all agency-caused error dollars in FFY 2005.

Cause:

Of the three agency-caused shelter deduction errors, two were due to the eligibility worker not taking the correct action on reported information.



Corrective Action:

Efforts have been made each year to identify ways to reduce the number of errors caused when eligibility workers do not take action, or do not take the correct action, on reported changes. This element remains a focus of our ongoing payment accuracy initiatives.

**Child Support Received from Absent Parent, Element 350:**

The 3 agency-caused child support errors (totaling \$357) accounted for 6 percent of all agency caused error dollars in FFY 2005.

Cause:

These errors were due to eligibility staff not taking the correct action on reported information.

Corrective Action:

Efforts have been made each year to identify ways to reduce the number of errors caused when eligibility workers do not take action, or do not take the correct action, on reported changes. This element remains a focus of our ongoing payment accuracy initiatives.

**B. Corrective Action on Other Error Trends**

**Historical Monthly Error Rates**

As illustrated in Section II of this report, Alaska tends to experience a spike in the payment error rate in the month of September, October or November. In the coming months, Alaska will focus efforts on identifying and addressing the cause of this fall payment error spike in an effort to prevent its reoccurrence.

**Errors By Time of Occurrence**

As noted in Section II of this report, Alaska reported that in FFY 2005, 76 percent of errors occurred before or at most recent certification. In the coming months, and with input from the Workload Analysis Study, Alaska will be reviewing its processes to determine if case reviewer, supervisory and other staff resources can be used more effectively to identify and correct errors at re-certification and certification.

**C. Ongoing Payment Accuracy Initiatives:**

The initiatives listed below involve ongoing long-term implementation plans.

Focused Case Reviews:

Intensive case reviews by supervisors and case reviewers are being used in all regions to address specific issues identified through QA reviews, Management Evaluation reviews, and Local Quality Councils. Ongoing review efforts target

work performed by new caseworkers and on high allotment earned income cases. These reviews supplement the more formal classroom training provided by the Staff Development and Training (SD&T) Unit, and provide on-going and constant feedback within the offices.

Quality Assessment Review Committee (QARC):

Initiated in November 2003, the QARC meets every month. It is the primary statewide forum for discussing food stamp errors, trends, and action steps for improvement. We believe the greatest impact is in improved communication and in identifying training needs, unclear policies, and automation enhancements needed to improve operating systems. The state's error rate is reduced by an average of 2 percentage points because cases are reviewed by the QARC. The Quality Assessment Unit also sends "Case Correct" recognition pins to the local offices for all workers with cases reported as correct.

DPA Electronic Newsletter:

The newsletter, *DPA E-News*, is issued quarterly throughout the year and has replaced "*QARC Rules*" as the source of feature articles drawn from Quality Control errors discussed by the QARC. Recent issues have covered the Food Stamp certification period for semi-annual reporting households, notifying households about shelter costs that have not been verified, and using the eligibility system's advance issuance indicator for expedited food stamp situations. Prior issues of DPA E-News can be viewed at:

<http://dpaweb.hss.state.ak.us/training/enews/index.html>

DPA Web:

The DPA employee home page prominently displays the state's Food Stamp accuracy goal, as well as the year-to-date accuracy rate and the error rate as a four-month running average. Clicking on this information, which is updated every month, provides the user with a current analysis of errors on Food Stamp active cases including a breakdown of case and payment accuracy by Region and District Office. Periodic updates on the Division's progress in its "Better Than Average" Food Stamp Accuracy Campaign are featured on the employee home page to promote continuous focus on Food Stamp accuracy. The Division's employee home page can be viewed at: <http://dpaweb.hss.state.ak.us/>

Skill Challenges:

The Staff Development & Training Unit has produced a number of "Skill Challenges" as a means of providing ongoing refresher training on topics that are problematic for staff. The challenges are web based interactive training videos that provide an interesting and stimulating means of delivering targeted training. Each "Challenge" includes a quiz and links to the policy manual for further information. Topics include Semi-Annual Reporting, Estimated Income, and treatment of PFD Hold Harmless income. The "Skill Challenges" can be viewed at: <http://dpaweb.hss.state.ak.us/training/Quiz/QuizMain.htm>

### Learning Summits:

The annual Learning Summits are a successful means of providing ongoing refresher training for all staff throughout the state. Training includes general eligibility policy for all programs, such as household composition and counting income. Offices are also given the option of an elective. Office agenda can be seen at our web site:

<http://dpaweb.hss.state.ak.us/training/Calendar/learningsummits/index.html>.

### Local Quality Councils:

The goals of the Local Quality Councils are to review, discuss and plan ways to continuously improve the Division's business practices. The councils are comprised of staff representatives who enjoy the challenge of problem-solving their office issues, and soliciting and providing feedback from other staff in their regions. Among the top priorities of the councils are to review and assess local performance data, and to evaluate issues and initiate solutions when a performance area needs improvement. The local quality councils are an integral part of the Division's corrective action planning efforts. More information about the quality councils can be viewed at:

<http://dpaweb.hss.state.ak.us/wiki/index.php?page=QualityCouncils>

### Quality Assessment's Supervisory Re-Reviews:

One of the problems identified by the QARC was that supervisors were not always identifying errors when they reviewed cases. To improve the quality of supervisory case reviews, an initiative was developed using Quality Assessment (QA) reviewers to routinely perform re-reviews on supervisory reviews. QA reviews at least 20 percent of the reviews conducted by supervisors, increasing to 100 percent of the reviews completed by supervisors who do very few reviews and thus are not as familiar and experienced with the review process.

### Food Stamp Program Management Evaluation Reviews

Alaska conducts periodic management evaluation reviews of program administration in local offices, focusing on the priority review topics established annually by FNS. In addition to interviews with staff, the review team examines office performance history and related documentation in advance of and during the review. Payment accuracy and corrective action follow-up and planning are an integral part of the reviews.

### Food Stamp Program Quality Assessment Report

The Program Integrity and Analysis Unit produces an annual Food Stamp Program Quality Assessment Report. The report describes the Quality Control process and the Division's progress in reducing Alaska's Food Stamp payment error rate. Region and office level payment error findings are presented, as well as comparisons to other Western Region States. The report is another tool available to help managers analyze and address payment errors at the region and local office level.

**D. Case Review Non-Completion:**

FNS reviews all cases reported as “incomplete” or “not subject to review”.

Active case reviews:

Federal quality control requirements state that a quality control review may be reported as incomplete if the sampled case meets certain requirements. If incomplete reviews comprise more than 5 percent of the sample, the state must identify corrective action.

In FFY 2005, 24 cases were subject to review but not completed. This represents 5.3 percent of all completed active cases, and thus exceeds the threshold of 5 percent.

“Not subject to review” (NSTR) cases decreased dramatically from 9.5 percent in FFY 2004 to 5.6 percent in FFY 2005. However the percentage of NSTR cases continues to result in a penalty, as Alaska is unable to complete 98 percent of sampled cases. In the coming months Alaska will seek guidance from FNS and other states to explore methods of reducing the number of “not complete” and NSTR cases. For example, Alaska may explore the feasibility of eliminating NSTR cases (such as fraud cases) before building the sampling frame.

Negative case reviews:

Negative reviews are coded as either “complete” or “not subject to review” (NSTR). In FFY 2005, 26 cases were reported to FNS as NSTR, representing 9.3 percent of all negative reviews. No corrective action is required.

**D. Detailed Corrective Action Plans:**

The Policy and Program Development Unit, Staff Development and Training, Systems Operations, Quality Assessment, the Chief of Field Services, and each Region have updated their corrective action plans using input from the QARC, case reviews and their Local Quality Council. This process provides more specific detail and focus to corrective action efforts in addressing the top payment error elements.

CORRECTIVE ACTION PLANNING RECORD  
**Policy & Program Development**  
Updated: 5/1/06

Problem/Cause	Corrective Action	Outcome	Who is Responsible?	Status
Differences, or perceived differences, in program policies result in confusion and misapplication of policies.	Identify areas where income and resource policies can be aligned using the options included in the FSP Farm Bill.	Decrease in payment errors caused by misapplication of policy	Chase	In progress
Differences, or perceived differences, in program policies result in confusion and misapplication of policies.	Simplify income and resource policies by alignment and using the same words to describe the same income and resource type and policy.	Decrease in payment errors caused by misapplication of policy	Chase Lebert	In progress
Differences, or perceived differences, in program policies result in confusion and misapplication of policies.	Participate in Annual Training Summit, presenting a segment on error prone policies across programs focusing on income and household composition policies and areas where policies are the same and where they differ.	Staff has a better understanding of policy that will result in decreased payment errors.	Chase	Learning Summit March/April/ May 2006 (in progress)
The on-line TANF, Medicaid, and APA program manuals are in "pdf" format and cannot be linked between other manuals.	Interactive program manuals using HTML/RoboHelp programming, adding enhanced search features and hyperlinks between manuals	Increased efficiency and use of manuals	Ensor	In progress
Caseworkers sometimes accept insufficient and inadequate verification, resulting in incorrect eligibility determinations and benefit calculations.	Clarify verification procedures in Administrative Procedures Manual.	Decrease in payment errors caused by lack of or insufficient verification.	Spalding	Planned for June 2006

CORRECTIVE ACTION PLANNING RECORD  
**Policy & Program Development**  
 Updated: 5/1/06

Problem/Cause	Corrective Action	Outcome	Who is Responsible?	Status
<p>The current application form was designed for a face-to-face interview. Many applicants don't see a worker or fee agent. Applicants with low reading and comprehension abilities find the form difficult to complete, often leaving much of it blank.</p>	<p>Redesign application form.</p>	<p>Application form that provides more accurate information and is easy to use by applicants and caseworkers</p>	<p>Chase</p>	<p>Started January 2006</p>
<p>Some households assigned to semi-annual reporting are certified for more than 6 months. This results in QA having to apply "expired certification period" policy that often results in payment errors.</p>	<p>Review data to identify cases incorrectly certified for more than six months and take corrective action.</p>	<p>Decrease in payment errors caused by cases being certified for more than 6 months.</p>	<p>Chase</p>	<p>Started in January 2006</p>
<p>Some households are getting confusing information regarding their reporting requirements. This results in the households failing to report changes, which in turn causes payment errors.</p>	<p>Develop notices specifically for use with households assigned to status reporting.</p>	<p>Decrease in payment errors caused by clients failing to report changes.</p>	<p>Chase</p>	<p>Due March 2006</p>

CORRECTIVE ACTION PLANNING RECORD  
**Staff Development and Training**  
 Updated: 5/1/06

Problem/Cause	Corrective Action	Outcomes	Who is Responsible?	Status
Interfaces information inconsistently used to verify income and resources.	Create eManual from Interface Guide and post to DPA Website.	Consistency of information	Margo Nash	Revised Due Date 6/30/06
New Case Review Guidelines are in draft form.	Finalize Case Review Guidelines	Standardize material	JoLynn Cagle	Done
Policy clarifications intended to be case specific are error prone when widely distributed by field staff as general policy clarifications.	Implement an e-newsletter to address general policy, procedures, and system related guidance.  3rd Annual Summit: Policy and training staff will present program material and discuss policies that appear to be error prone in formal and informal sessions; statewide in each office.	Staff reminded of key policy and procedures.	Margo Nash	Completed 05/05 Ongoing  Began 01/06 and completed 05/06
ASHA rental amount incorrectly applied	Develop a job aid to provide guidance on the proper calculation.	Eliminate miscalculation	Margo Nash	Canceled

CORRECTIVE ACTION PLANNING RECORD

**Systems Operations**

Updated: 5/1/06

Problem/Cause	Corrective Action	Outcomes	Who is Responsible?	Status
Interfaces/Alerts became a cumbersome tool in error reduction.	Analyze current needs, then modify system to include proposed solutions.  Consult with Policy and COFS staff to develop team for solution.		Aaltonen, with COFS and policy.	Completed 12/05
Workers overlook client reports of change.	Design and implement a change tracking system.  Contract workload analysis (WLA) study to determine solution.		Schoenborn	On hold awaiting WLA  WLA due fall '06



CORRECTIVE ACTION PLANNING RECORD

**Quality Assessment**

Updated: 5/1/06

Problem/Cause	Corrective Action	Outcomes	Who is Responsible?	Status
QA reviewers contribute to payment error rate.	Implement a monthly review of all reviews with errors cited. Re-review about 5% of all correct cases and 100% review for new reviewers.	FFY05 two variances; no incomplete reviews.	Allam	Ongoing
Field staff has difficulty identifying causal factors.	Quality Assessment Review Committee will meet monthly to analyze every reportable QA error, and the process will include identifying specific case corrections and corrective actions to prevent future errors.	FFY05 error rate maintained at 6% 2 year from 13% FFY03.	Allam, Rikken-Ver	Started 10/03 - ongoing
Supervisors are not identifying all errors during their case reviews.	QA staff will routinely perform re-review, on supervisory reviews. They will review 1 re-review per every 5 completed by the supervisor and target all reviews by supervisor for those with very few reviews completed.	QA completed 122 SR Re-reviews w/ ? errors cited.	Allam Lenda	Ongoing
Percentage of QC sample coded "not complete" and "not subject to review" increases Alaska's error rate.	PIA staff will work with FNS and other states to explore methods of reducing the number of dropped cases.	FFY 06 reduce cases not completed and NSTR to <5%	Rikken-Ver Allam	Begin 5/06

CORRECTIVE ACTION PLANNING RECORD

**Chief of Field Services**

Updated: 5/1/06

Problem/Cause	Corrective Action	Outcomes	Who is Responsible?	Status
<p>Staff statewide reported inconsistent electronic documentation of case actions and circumstances.</p>	<p>Last year a CAP action for Field Services consisted of creating a user group consisting of statewide field staff to review, revised and draft case note templates. In addition, the group created a user guide, and conducted training to the appropriate eligibility staff.</p> <p>We are soon approaching the 6-month point for this project, which consists of evaluating the newly implemented case notes and gathering feedback for improvement.</p>	<p>Improve consistency and improve documentation of case circumstances</p> <p>As part of the continuous improvement process, Field Services will conduct an evaluation of the CANO team products.</p>	<p>M. Rogers C Moon</p>	<p>7/06</p>

CORRECTIVE ACTION PLANNING RECORD

**Chief of Field Services**

Updated: 5/1/06

Problem/Cause	Corrective Action	Outcomes	Who is Responsible?	Status
<p>Case Review Guide and System Navigation Guide need to be finalized and included in the appropriate manuals.</p> <p>Case Review System screen enhancements need to be prioritized and completed.</p>	<p>A draft document was introduced to the ET III's and IV's during the last Learning Summit. Comments and suggestions have been received and considered. The final document needs to be approved, and the appropriate manuals updated.</p> <p>Prioritize system screen enhancements and complete requests.</p>	<p>Finalized materials included in appropriate manuals.</p> <p>System enhancements will improve overall efficiency.</p>	<p>M. Rogers C. Moon A. Lenda M. Celli-Miller</p> <p>M. Rogers A. Lenda</p>	<p>Ongoing</p> <p>Ongoing</p>
<p>Need to research and identify 'high risk' cases to target for review, which will impact the error rate.</p>	<p>Work with Program and Integrity to conduct case profiling to list the high risk cases by location. Also need to enhance reporting process, and case reviewing data.</p>	<p>Identify high-risk cases to target for case reviews.</p>	<p>M. Rogers A. Lenda</p> <p>Program Integrity Rep</p>	<p>Ongoing</p>

CORRECTIVE ACTION PLANNING RECORD

**Central Region**

Updated: 5/1/06

<b>Problem/Cause</b>	<b>Corrective Action</b>	<b>Outcomes</b>	<b>Who is Responsible?</b>	<b>Status</b>
Payment errors discovered by QA, after cases were reviewed.	<p>Field services representative will randomly re-review supervisory and regional case reviewers reviews to ensure accuracy, and timely completion of case corrections once an error is cited.</p> <p>Quality Assurance will randomly select 10 out of 50 case reviews for re-review, using the case review tool. The Field Services Representative will monitor results for trends and report to the Regional Manager.</p>	Improve quality of case reviews.	<p>M. Celli-Miller A. Lenda</p> <p>T. Allam M. Celli-Miller</p>	Ongoing
Cases transferred to another team with high dollar amounts or errors from the originating office.	<p>Recruit and fill existing ET III to review cases in the Adult Public Assistance office.</p> <p>Region will review high dollar cases and error prone payment cases transferring to another location prior to the case leaving the building to ensure the case is corrected, and the worker creating the error has an opportunity to learn by correcting the error.</p>	<p>Increase case review capacity.</p> <p>Improve overall quality of work. Identify trends and training needs.</p>	<p>M. Celli-Miller</p> <p>Site Managers</p>	Ongoing
Ongoing cases with benefit amounts in the range of \$200 to \$900, which contain income, are error prone.	Region will review high dollar cases, which contain income for cases remaining within its originating office.	Improve accuracy to avoid high dollar errors.	M. Celli-Miller Site Managers	Ongoing
Inconsistency of inter-regional training.	ET III lead workers and ET III regional case reviewers meet twice a month to discuss error trends and training needs. The team is responsible for ensuring staff throughout the region are utilizing division approved training materials.	Improve internal training efforts in the region, which will result in overall work quality improvement.	M. Celli-Miller Site Managers ET III's	Ongoing

CORRECTIVE ACTION PLANNING RECORD

**Central Region**

Updated: 5/1/06

<b>Problem/Cause</b>	<b>Corrective Action</b>	<b>Outcomes</b>	<b>Who is Responsible?</b>	<b>Status</b>
Inefficient workflow processes affect timeliness and quality.	Use the workload analysis to identify inefficiencies.  Selected regional members to participate in the Report Rationalization Project to develop more efficient and data-accurate tools for monitoring progress.	Improve timeliness and quality.	M. Celli-Miller Site Managers	Ongoing
Low number of supervisory case reviews completed: error trends not identified.	Supervisors will perform monthly case reviews for subordinate staff to evaluate individual staff performance and provide training.  Leadership staff will review a minimum of two case reviews per day, on average, to ensure completeness, consistency of documentation, and alignment with policy.	Improve percentage of completed case reviews, and quality.	M. Celli-Miller Leadership staff	Ongoing
Incomplete CANOs lead to insufficient documentation supporting actions taken resulting in errors.	Conduct spot-checks of final CANO expectations to ensure compliance.	Improve case documentation to improve accuracy rate.	M. Celli-Miller Leadership staff	Ongoing
Inconsistency of errors found and sited in case reviews.	Field Services representative and the Regional Manager to provide ongoing training and direction to improve the depth and focus of case reviews.	Develop case review consistency across the region.	A. Lenda M. Celli-Miller	08/06

CORRECTIVE ACTION PLANNING RECORD

**Coastal Region**

Updated: 5/1/06

Problem/Cause	Corrective Action	Outcomes	Who is Responsible?	Status
Inconsistent processes and interpretation of policy and procedure throughout the region.	ET III lead workers and ET III regional case reviewer will be included in a monthly leadership meeting with supervisors to discuss error trends and training needs. The team is responsible for ensuring staff throughout the region is utilizing similar training aides and division-approved materials.	Improve internal training efforts for the Coastal Region, which will result in the quality of work.	Coastal leadership	Beginning/Ongoing
Staff improperly coded household members on the SEPA screen.	Conduct case readings  In-House Training on the SEPA screen		Keck	Ongoing
High risk cases (such as those with large allotments, multiple income sources, and large households are a common source of errors.	Supervisors will perform monthly case reviews on subordinate staff to evaluate individual staff performance and provide training.  Utilizing a profiling report, the regional case reviewer and leadership staff will target high risk cases that include: <ul style="list-style-type: none"> <li>• Allotments exceeding \$400.00</li> <li>• Earned Income cases</li> <li>• Large household sizes</li> </ul>	Improve accuracy to decrease the error rate normally associated with high allotment cases.	Coastal leadership	Ongoing
Earned income policies for averaging and converting income misapplied.	Staff will attend sessions during Learning Summits  In-house training and case readings	Improve income averaging throughout the region.	Bowman White, D	Ongoing

CORRECTIVE ACTION PLANNING RECORD

**Coastal Region**

Updated: 5/1/06

Problem/Cause	Corrective Action	Outcomes	Who is Responsible?	Status
Eligibility Technicians are not asking the correct follow-up questions when clients are providing them information, causing inaccurate income calculation etc.	Conduct more interactive case reviews to ensure ETs are asking the right follow-up questions.	Increase accuracy through more effective interviews	Keck	Ongoing
Resources not correctly identified; property records on INGENS are difficult to interpret.	Locate a subject matter expert familiar with property listings on INGENS. Conduct in-house training for staff.	Improve staff's knowledge of property listed on INGENS	Coastal leadership	Due 8/06
Inefficient workflow processes affect timeliness and quality.	<p>Field Services representative will review workflow processes to identify inefficiencies. Local Quality Council members will review and determine next steps.</p> <p>Use the workload analysis to identify inefficiencies.</p> <p>Selected regional members to participate in the Report Rationalization Project to develop more efficient and data-accurate tools for monitoring progress.</p>	Improve timeliness and quality.	Coastal leadership	Ongoing
Eligibility Technicians overlook changes reported on the Recertification form (GEN 72).	<p>Conduct training sessions on best practices to identify changes reported on the GEN 72, including comparing it to the CASS screen to the GEN 72.</p> <p>Create a checklist of items to compare to previous documents/CANOs and provide a list of "must-check interfaces."</p>	Improve accuracy of benefit issuance at recertification.	Roesing	Due 6/06

CORRECTIVE ACTION PLANNING RECORD

**Northern Region**

Updated: 5/1/06

Problem/Cause	Corrective Action	Outcomes	Who is responsible?	Status
<p>Low numbers of case reviews completed: error trends not identified.</p>	<p>Supervisors will perform monthly case reviews on subordinate staff to evaluate individual staff performance and provide training.</p> <p>Leadership staff will review a minimum of three case reviews as a team to ensure completeness, consistency in write up and alignment with policy and case review procedures.</p> <p>Regional Case Reader will target reviews on specific case types:                      Allotments exceeding \$500                      Households with earned income                      Households with 6 or more members</p>	<p>To Date: Supervisors and Lead workers have completed a higher number of reviews that have identified error trends for correction. In addition, review of case reviews at the Leadership team meeting has increased consistency in review write ups and has supported focusing on what is in error to ensure knowledge transfer.</p> <p>Case Reader reviews to collect data on cases that have a significant impact on payment accuracy.</p>	<p>Roberts</p> <p>Leadership team</p> <p>Regional Case Reviewer</p>	<p>Ongoing</p> <p>Due 11/06</p>
<p>Earned income and UIB policies for averaging and converting misapplied.</p>	<p>Staff will attend Training Summits</p> <p>In-house training and case readings</p> <p>Implement peer case reviews</p>	<p>Training has occurred, as has in house training. This still tends to be a high error trend for our office and will be continued in the next CAP.</p>	<p>Skinner/ Roberts</p>	<p>Ongoing</p>
<p>Misapplication of expedited service policy; benefits untimely</p>	<p>Local Quality Council will monitor monthly timeliness stats for expedited service applications.</p>	<p>Resulted in strong timeliness ratings for the first time in five years for NRO. We met the performance outcome for this measure and continue to monitor in LQC monthly. This is ongoing for NRO as workflow changes occur.</p>	<p>Roberts/ LQC</p>	<p>Ongoing</p>



CORRECTIVE ACTION PLANNING RECORD

**Northern Region**

Updated: 5/1/06

Problem/Cause	Corrective Action	Outcomes	Who is responsible?	Status
Inefficient workflow processes impact timeliness and quality.	Identify problem areas and utilize quality council staff to seek solutions.  Cases are often pended unnecessarily thereby impacting service delivery and effecting efficiency. In service training on when to pend and when not to pend a case is being developed and will be implemented by January 2007.	Changes to our up front work process are ongoing and indicate potential improvements in intake and maintenance. On going to ensure we meet performance outcomes.	Roberts/ LQC	Ongoing
Incomplete CANOs lead to insufficient documentation supporting actions taken resulting in errors.	Utilize statewide CANO format upon roll out and train all staff to maintain use of new CANO format.	Statewide CANO format has been distributed and all staff are expected to use the new format. Will continue for monitoring purposes.	Roberts/ Skinner/ Marshall	Due 2/06
Inefficient Intra-office case file transfers system	Review and update the intra office case file transfer protocol to ensure files are processed timely to reduce missing files, long cert periods, ensure ROC are process and quality service is secured via accurate benefit authorization.	To reduce errors on files not transferred timely and ensure efficient method for statewide control clerks. NRO LQC will create a new protocol for distribution and comment statewide.	Roberts/ Marshall	Due 6/06

CORRECTIVE ACTION PLANNING RECORD

**Southeast Region**

Updated: 5/1/06

Problem/Cause	Corrective Action	Outcomes	Who is Responsible?	Status
<p>Policy and procedural changes communicated inconsistently within the region.</p>	<p>Implement monthly regional all-staff teleconferences to discuss policy and procedural issues and share best practices.</p> <p>LQC will monitor monthly performance statistics and discuss error trends.</p> <p>Request Network Services establish a shared folder accessible by all offices for policy clarifications and publications, a Native dividend log, LQC Meeting Minutes, etc.</p>	<p>Improved accuracy and timeliness rates.</p>	<p>Leadership team</p> <p>Local Council staff</p> <p>Dawson</p>	<p>Implemented 03/06 Ongoing</p> <p>Start 05/06</p> <p>Done 04/06</p>
<p>Number of regional case reviews does not meet Field Services expectation.</p>	<p>Office supervisors and lead workers will provide new worker training and complete new worker case reviews; case reader's focus will shift to balance of reviews for region.</p> <p>Develop and implement a formal regional Case Review Plan to provide second-level oversight from the regional office to ensure quantity and timeliness.</p>	<p>Increased number of case reviews.</p> <p>Regional oversight of district office reviews</p>	<p>Site Managers</p> <p>Leadership team</p> <p>Dawson</p>	<p>Start 05/06</p> <p>Implemented 7/05 Ongoing</p>

CORRECTIVE ACTION PLANNING RECORD

**Southeast Region**

Updated: 5/1/06

Problem/Cause	Corrective Action	Outcomes	Who is Responsible?	Status
<p>Percentage of FS expedited service applications processed out of timeframes is too high.</p>	<p>Analyze workflow processes to identify inefficiencies or training issues.</p>	<p>Performance measures will meet or exceed Division timeliness expectations.</p>	<p>Leadership team</p>	<p>Due 06/06</p>
	<p>Supervisors/lead workers will address inefficiencies and provide caseload management training to ETs to optimize production and ensure all staff meet expectations for essential duties.</p>		<p>Site Managers ET IIIs</p>	<p>Due 06/06</p>
	<p>Train ETs to effectively use and monitor their caseload reports.</p>		<p>Site Managers ET IIIs</p>	<p>05/06 and Ongoing</p>
	<p>Train AC IIIs to process expedited FS applications.</p>		<p>Site Managers</p>	<p>Due 06/06</p>
	<p>Supervisors will monitor all out-of-timeframe applications for trends and training needs.</p>		<p>Site Managers</p>	<p>Due 07/06</p>
	<p>Distribute work regionally in times of staffing shortages.</p>		<p>Dawson</p>	<p>Done 04/06 Ongoing</p>