

FOOD STAMP PROGRAM CORRECTIVE ACTION PLAN

November 2005 Update



**STATE OF ALASKA
FOOD STAMP PROGRAM
CORRECTIVE ACTION PLAN
November 2005 Update**

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1. QUALITY CONTROL ACTIVE REVIEWS IN ALASKA

The Alaska Food Stamp Quality Control Active Review consists of an audit of the case file for accuracy of eligibility and payment criteria; contact with the head of household; and verification of information through collateral contacts. When possible, the contact with the head of household or representative is a personal interview. When impossible, the reviewer strives to complete the review through telephone and mail contacts.

Alaska uses a Quality Assessment Review Committee¹ (QARC) for a Corrective Action Committee. The QARC meets monthly to review each SAQA error finding, including those from the Alaska Temporary Assistance and Medicaid programs. The purposes of the meeting are to discuss the error, determine the cause, instruct the worker on case corrections, and plan corrective actions to prevent similar errors. The core members of the QARC are the regional case readers, a regional manager, the two SAQA supervisors, a trainer, a public assistance analyst, a representative from Systems Operations, and three policy specialists. In addition, the unit supervisors for workers who made the errors and other interested staff participate in the meeting.

The Division of Public Assistance (DPA) recognizes that we have the greatest influence in reducing agency errors. Agency failure to act accounted for 57% of the FFY05 agency errors. Agency errors will dominate, as the intention of Semi Annual Reporting, implemented January 2004, is to reduce client errors. Subsequently, client errors dropped from 29% to 20.5% for FFY04 and to 16.7% so far for FFY05.

The State of Alaska has focused on performance outcomes in the calendar years 2003, 2004 and 2005. The result for FFY04 is a state-calculated error rate of 6.7%. This is an improvement from the FFY03 error rate at 13.8%. The FFY04 sample is 100% complete, and FNS completed all re-reviews for FFY04 with a finding of 100% accurate. The FFY05 sample is approximately 75% complete, with a state-calculated payment error rate of 6.5% to-date.

¹ Adopted November 2003; modeled after Washington State's Process Review Panel.

1.1 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 is negotiating a reinvestment plan with FNS as an alternative to direct payment of the sanction debt.

1.2 Analysis of Quality Control FFY05 Statewide Reviews

The Quality Assessment (SAQA) Unit, using an automated computer program, randomly selected 450 reviews for the October 2004 through September 2005 review period. Of the 450 reviews, 17 were not-subject-to-review and 15 transmitted as incomplete, following the FNS 310 guidelines. The unit completed 306 active reviews.

Of the 306 completed reviews, 262 were correct cases and 44 were found to be incorrect.

The state calculated payment error rate is 6.5% for FFY05 compared to 6.7% for FFY04. The FFY05 number reflects sample dollars as follows:

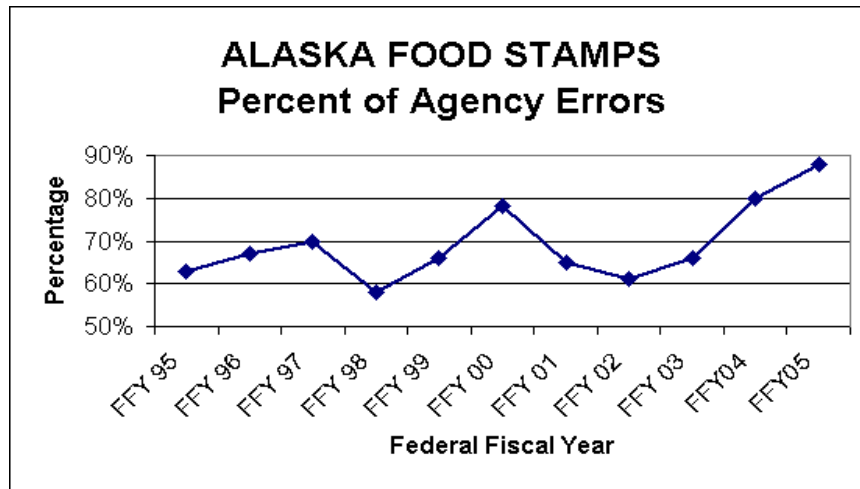
No Error	93.5%
Ineligible	2.6%
Over Payment	3.4%
Under Payment	0.6%

1.4 FFY05 Statewide Error Trends

The FFY05 Sampling Plan required selection of at least 393 cases for review. The sample size was increased slightly in March of FFY05 due to the increased caseload. This coupled with a large number of cases not subject to review, resulted in an increased random selection of 450 cases for review, up from 377 in FFY04 and from 354 in FFY03.

The error trends continue to show the agency caused the majority (83.3%) of payment errors. With implementation January 1, 2004, of Semi-Annual Reporting it would be unlikely for client errors to cause the majority of the errors. Still, agency-caused error represents too high a percentage of the error responsibility.

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Of all agency errors, 23.3% were misapplication of policies and 6.7% were math errors.

Of all FFY05 reviews with payment errors, 16.7% of these households also had Temporary Assistance (6 of 36). There were no errors found in the cases that also received Native Family Assistance. This is down from 32% in FFY03.

Of all payment errors, 8 reviews (22.2%) had Adult Public Assistance (APA) benefits, reflecting an on-going growth trend seen in the Food Stamp – APA combination caseload over the past three years. APA cases with Food Stamp errors typically have small allotments averaging less than \$100, and do not greatly affect the overall error rate.

Of all reviews, SAQA referred 2.2% to the DPA Fraud Unit for follow up². This reflects 10 cases out of the 450 cases pulled compared to 29 cases in FFY03. This decline seems due, in part, to the implementation of Semi-Annual Reporting.

Of the FFY05 reviews with errors, families with earned income (20 of 36) accounted for 55.9% of the errors. This is down 3.1 percentage points from FFY04 and 2.9 percentage points higher than FFY03. Of the FFY04 reviews with errors, families with earned income (26 of 44) accounted for 59% of the errors. This is up from 53% in FFY03.

² The field staff may have determined additional cases warranted a fraud referral. That number is unknown.

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Historically, Alaska's highest element in error has been wages and salary including self-employment. In FFY05, the wage and salary element continued as the most common type of payment errors at 30.6%. However, it is a declining percentage compared to 45% in FFY04. It is attributed, in part, to the implementation of Semi-Annual Reporting.

A profile of the case errors in this element follows:

Wage and Salary Errors of all case errors	30.6%
Wage and Salary Errors with TANF	18.2%
Wage and Salary Errors-Agency Caused	81.8%
Wage and Salary Errors-Agency Caused with TANF	22.0%
Wage and Salary Errors-Client Caused	18.2%
Wage and Salary Errors-Client Caused with TANF	0%

The FFY05 sample reflects a significant decrease in agency-caused earned income errors at 32.7% to-date. FFY04 saw an increase in agency-caused earned income errors from 0% in FFY03 to 85% in FFY04. The primary cause of these errors was failure to act on known information, including failing to verify client-reported information.

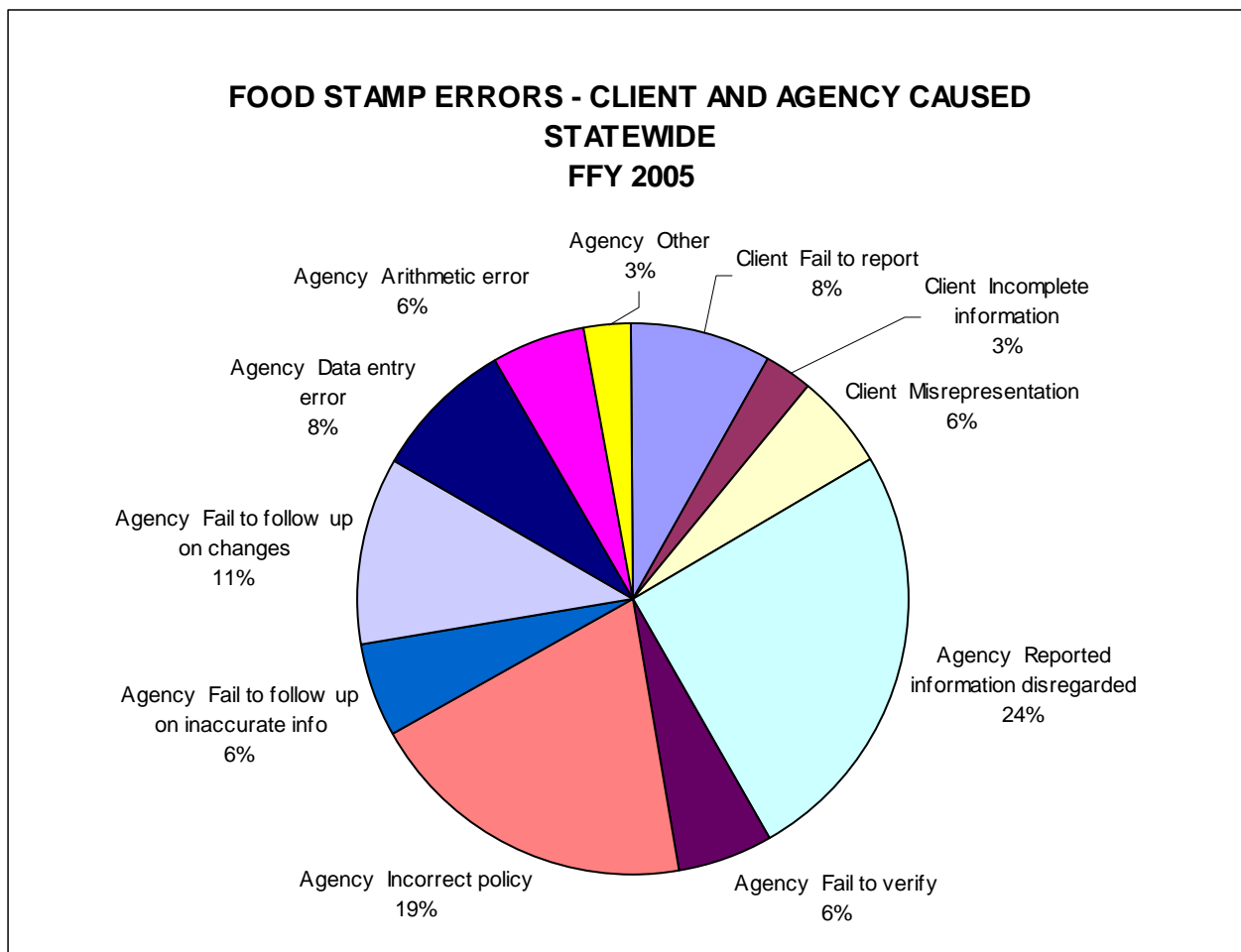
In FFY03 and FFY04 the agency failing to act on known information was the primary cause of errors. The second most common cause for errors was failure to verify reported information.

Staff generally understood the averaging and converting income policies in FFY04 and FFY05, although a few related errors occurred during this period.

Of all FFY05 errors, 7% were related to student status, 6% related to household composition, 4% recipient disqualification, 11% bank accounts or cash on hand, 4% other liquid assets, 32% wages and salaries, 2.9% self-employment, 2% Social Security benefits, 1% SSI, 4% UIB, 3% worker's compensation, .9% TANF/PA/GA, 1% other unearned income, 3% child support payments received from absent parent, 5% shelter deductions, .8% standard utility allowance, 1% child support payment deductions, and 10% arithmetic and computation errors.

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The FFY05 calculation of UIB error rate has decreased significantly to 4% compared to FFY04 UIB errors of which 9% were in the calculation of Unemployment Benefits (UIB) or anticipation of UIB changes. This is down from FFY03 and FFY02, and likely to be a result of Semi-Annual Reporting. The error occurred after implementation of Semi-Annual Reporting. Some workers continued to anticipate a change or start of UIB despite that this is no longer a reportable change and the agency lacks verification that the benefits will start, change, or end. Policy and Training Units addressed anticipation of UIB changes in targeted training sessions, which is showing some positive results for us based on the continued decrease in UIB errors.



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The state-determined regional payment accuracy³ rate follows:

Payment Accuracy⁴

Region	FFY98	FFY99	FFY00	FFY01	FFY02	FFY03	FFY04	FFY05⁵
Central	89%	85%	92%	86%	88%	87%	96%	91%
Coastal	88%	83%	96%	92%	91%	86%	91%	95%
Northern	89%	84%	91%	93%	84%	87%	94%	93%
Southeast	88%	78%	86%	96%	90%	85%	99%	100%
Statewide	88%	84%	93%	91%	89%	86%	93%	94%

All four regions improved in FFY04, with the most occurring in the Southeast Region. Local Quality Councils in each region or office, participation in the QARC, and focused case readings contributed to the statewide error reductions.

In the first two months of FFY05 SAQA found several payment errors with high allotments. This caused the error rate to spike up early. The following months have had fewer errors and the error rate has recovered.

1.5 Central Region FFY05 Error Trends

Central Region has 5 offices, and there are multiple units within each office. The Mat-Su APA Unit has the best accuracy rate at 100%. The Gambell office provides Food Stamp intake. Muldoon also provides intake, and has the lowest accuracy in the region at 85%. The FFY05 accuracy rate for this region is currently 91%, which is a decrease from FFY04. This region improved its accuracy rate in active reviews from 87% in FFY03 to 96% in FFY04.

Primary corrective action efforts in this region include intensive case readings, including re-review of supervisory reviews. Two senior eligibility technicians perform case readings on a full-time schedule. Staff in the Field Services Office, including the Chief of Field Services, provided management training and mentoring of supervisors. Other correction action efforts focus on improving inefficient workflow processes and case documentation. Semi-Annual Reporting apparently helped to decrease the

³ Error Elements by office are in Appendix C.

⁴ Rounded to the nearest percentage.

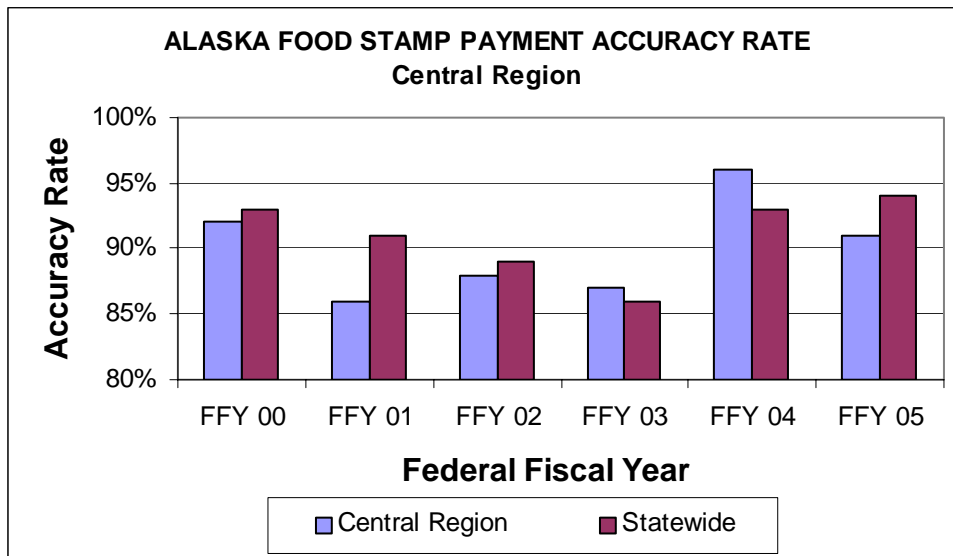
⁵ As of 10/11/05

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percentage of client-caused errors from 20.5% for FFY04 to 16.7% so far in FFY05.

SAQA has sampled 135 cases in Central region during FFY05, finding 19 with payment errors. This is considerably more than the 11 errors in the full FFY04 sample.

This region typically has lower Food Stamp allotments than the other regions. However, the error reviews for FFY05 consist primarily of Food Stamp allotments averaging between \$100 and \$299 with a couple errors greater than \$300.



Of the 19 errors, the agency caused 15 and the client caused 4. The 15 agency-caused errors are attributed to various reasons ranging from misapplying earned income policy, to failure to act on known information. Of the 4 client errors, all 4 were referred to the Fraud Control Unit. SAQA referred one agency error to the Fraud Control Unit for the client's misrepresentation of information during the QA interview.

The 19 FFY05 errors were discovered in 4 of the 5 Central Region's offices. No trends are apparent. However, at high risk of error are cases with a household size of four and higher, and allotments over \$300.

Of the 88 cases reviewed for negative actions, 0 errors were cited in this region for FFY05. The negative accuracy rate for Central Region is 100%. This reflects a 3 percentage point improvement compared to FFY04.

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Anchorage APA Office

SAQA has sampled 29 cases in the Anchorage APA office thus far in FFY05, finding 4 errors, and an 87% payment accuracy rate. This is a significant decrease from their FFY04 payment accuracy rate of 99%. All 4 are agency-caused errors with the primary reasons being failure to act on reported information, incorrect budgeting of SSI and SSA income, and failure to allow the standard utility deduction.

SAQA reviewed 16 cases for the APA Unit in the negative sample, and found 0 in error. This results in a 100% negative accuracy rate for FFY05. This is a 5 percentage point improvement compared to the FFY04 negative accuracy rate of 95%.

Gambell Office

SAQA sampled 32 cases in the Gambell office, finding 5 in error. This is a slight increase from 4 errors in FFY04 and is significantly less than the 15 found in error in FFY03. Gambell's payment accuracy rate is 95% for FFY05 and reflects improvement compared to the 93% payment accuracy rate for FFY04 and 80% in FFY03. Of the error cases, 4 had allotments over \$300 and the payment errors of 3 reviews were over \$100. The remaining 2 reviews had allotments between \$300 and \$700 with payment errors less than \$100.

Of the 5 payment errors, all were agency caused. There were 2 errors in the calculation of wages/self-employed income and 2 were related to child support deductions. The other error was for agency failure to act on reported change. No specific trends were noted.

SAQA reviewed 26 cases for Gambell in the negative sample, and found all cases reviewed correct, for a 100% accuracy rate. The negative sample accuracy rate for FFY04 was also 100%.

Mat-Su Office

SAQA has sampled 37 cases in Mat-Su in FFY05, finding 7 errors. In FFY04 53 reviews were completed with 1 error. FFY03 reviews had 13 in error from a similar sample size as FFY04. Mat-Su's payment accuracy rate is now 90%, a significant decline from the 99% payment accuracy rate for FFY04, and higher than the 88% payment accuracy rate for FFY03.

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4 of the 7 errors were agency caused. The error causes include; misapplied policy, incorrect budgeting of unearned income such as UIB and worker's compensation, and incorrect shelter expenses budgeted. 2 of the 3 client-caused errors were referred to the Fraud Control Unit.

SAQA has reviewed 29 negative sample cases from Mat-Su in FFY05. All have been found correct, resulting in a 100% negative accuracy rate.

Mat-Su APA Unit

SAQA sampled 12 cases in FFY05 from the Mat-Su APA Unit, with 100% payment accuracy. APA cases from the area were transferred to the Mat-Su APA office late in FFY04. They have shown progressive accuracy improvement since that time.

SAQA reviewed 3 cases for Mat-Su APA in the negative sample, and all were correct. Their negative accuracy rate for FFY05 is 100%.

Muldoon Office

SAQA sampled 25 cases in the Muldoon office (including cases from the Eagle River office) and have found 3 in error for an 85% payment accuracy rate so far for FFY05. This is a significant decrease in payment accuracy compared to FFY04.

In FFY04 SAQA sampled 26 cases finding 5 in error and a 92% payment accuracy rate, and for FFY03 the office recorded 90% payment accuracy.

For FFY05, of the 3 error cases 1 was a client-caused error that was referred to the Fraud Control Unit. The other 2 payment errors were agency caused. 1 error was related to correct conversion of wages and the other error was incorrect coding in automated system, EIS, resulting in Temporary Assistance income not counting correctly in the budget. No trends were evident.

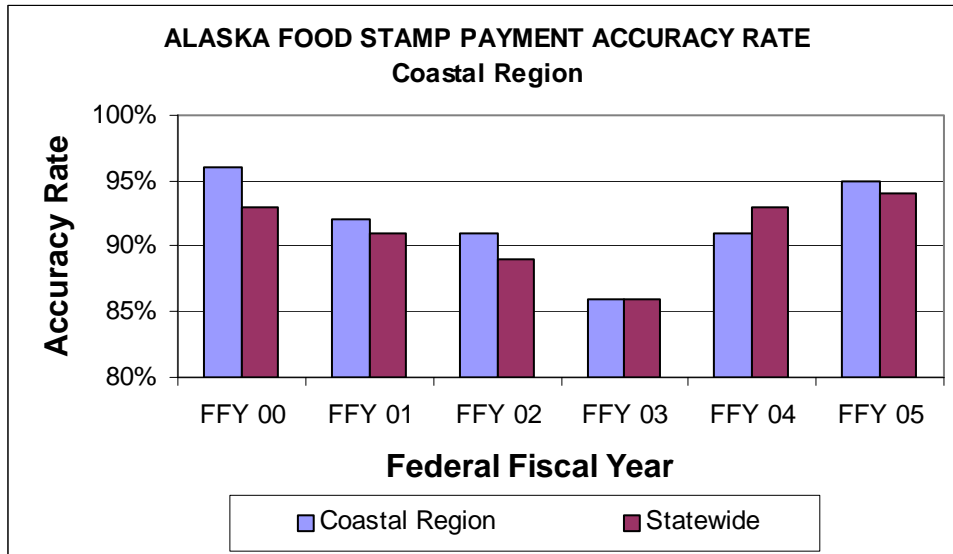
SAQA reviewed 14 cases for Muldoon in the negative sample, and all were found to be correct. This results in a FFY05 100% accuracy rate.

1.6 Coastal Region FFY05 Error Trends

SAQA sampled 85 cases in the Coastal Region during FFY05, finding 10 with payment errors. This is approximately 50% fewer errors than in FFY04 and reflects continued improvement compared to FFY03.

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Coastal's accuracy rate for FFY05 is currently 94.7%. SAQA sampled 100 cases in the Coastal Region in FFY04, finding 22 with payment errors. The region's accuracy rate for FFY04 was 90.5%. In FFY03 the region had an 86% payment accuracy rate.



The Coastal Region has 7 work units, and 5 of these are independent offices. The Kenai SSU and Nome offices office has the highest accuracy rate at 100%. The lowest accuracy in the region and the state is in the Coastal Region Field Unit #3 at 91%, which provides case maintenance to the independent office of Kotzebue. Field Unit #3 also had the lowest accuracy rate in the region and the state in FFY04 and FFY03. The combined accuracy rate for all the units in the Coastal Regional Office (districts 51, 80/82, 70, 75, 76, 47, and 46) is 95%.

In the Coastal Region, 5 of the 10 errors were client caused. Of the 5 client errors, the agency referred 4 to the Fraud Control Unit. The other client error was an ineligible case caused by failure to report a change in wages. There were 5 agency-caused errors, with 3 of the errors due to counting/converting wages, 1 error is due to incorrectly counting self-employed income, and the other error related to household composition. No trends are evident.

The Coastal Region had 0 errors in 61 reviews in the negative sample for FFY05. This is a 100% accuracy rate and is a significant improvement compared to 97.5% accuracy in FFY04.

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Bethel Office

Thus far in the FFY05 review period, the Bethel office has 4 payment errors in the 25 completed reviews, giving the office a 96% payment accuracy rate. This reflects a notable 3 percentage point increase from FFY04, and a significant improvement from the 87% payment accuracy rate for FFY03.

Of these 4 payment errors, 1 was client caused and referred to the Fraud Control Unit. There were 3 agency caused errors of which 2 related to the conversion and miscalculation of wages. It is likely that Semi-Annual Reporting has had a significant positive impact to Bethel's error rate.

The only notable trend is that 2 of the active reviews in error were errors made in applying the correct conversion policy for wages.

Bethel had 0 errors in 19 reviews in the negative sample. This is a 100% accuracy rate for FFY05. This is a 2 percentage point improvement compared to the 98% negative accuracy rate for FFY04.

Coastal Region Field Units

The Field Units that handle cases from remote communities in the region have a combined total of 3 error reviews in a sample of 21 thus far in FFY05. There is 1 agency caused and 2 client caused errors. One of the client caused errors was referred to the Fraud Control Unit. SAQA found that the agency error is a result of failure to act on reported wage information. The combined accuracy rate for the Field Units is 91.7%.

The Coastal Region Field Units had 0 negative errors in 17 cases sampled for FFY05. This is an improvement compared to 94% accuracy in FFY04.

Kenai Office

The Kenai office FFY05 sample mirrors the FFY04 sample with 2 reviews in error from a sample of 20. The agency caused one error by failing to act on a reported change pertaining to household composition. The second error was client caused and the case was referred to the Fraud Control Unit. So far for FFY05 Kenai's accuracy rate is 95%, which remains consistent with FFY04. This indicates significant sustained improvement compared to the FFY03 payment accuracy rate of 85.6%.

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SAQA reviewed 13 cases in the negative sample, and found all were correct. This is a 100% negative accuracy rate for FFY05 and for FFY04.

Kotzebue Office

In FFY05, the Kotzebue office has 1 error from a sample of 7 cases and a payment accuracy rate of 91.5%. This is an improvement from the FFY04 payment accuracy rate of 86% and a significant improvement over their FFY03 payment accuracy rate of 79%. The increase in payment accuracy is likely a result of implementing Semi-Annual Reporting, and the agency's work quality improvement efforts. No trends are apparent in this small sample of Kotzebue cases. The 1 error is client caused for failure to declare earnings and resulted in a referral to the Fraud Control Unit.

SAQA reviewed 6 cases in the negative sample. All were correct resulting in a 100% negative accuracy rate for FFY05 and for FFY04.

Nome Office

The Nome office has 100% payment accuracy so far in FFY05, with 8 correct cases sampled. This is a significant improvement compared to the FFY04 payment accuracy rate of 88%. Nome's high FFY04 payment accuracy rate was largely the result of an agency-caused ineligible case with an allotment of \$1214. This dramatically impacted the accuracy rate for this office and the region.

SAQA reviewed 6 cases in the negative sample. All were correct resulting in a 100% negative accuracy rate for FFY05 and for FFY04.

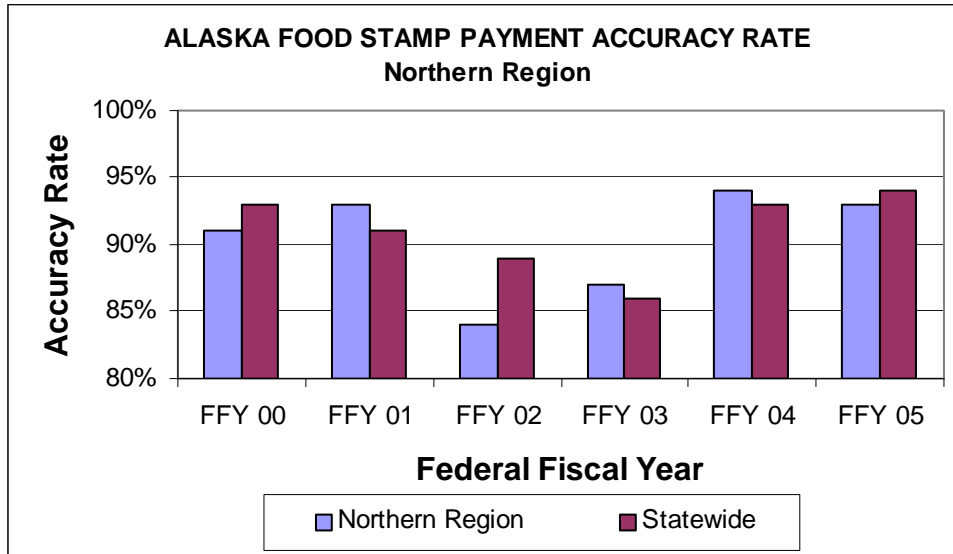
1.7 Northern Region FFY05 Error Trends

SAQA sampled 44 cases in the Northern Region so far in FFY05 finding 7 payment errors that result in a payment accuracy rate of 93%. This is a slight decrease in payment accuracy compared to 94% there in FFY04. The FFY05 payment accuracy rate of 93% does indicate sustained progress when compared to the FFY03 payment accuracy rate of 87%.

The 7 active sample errors were found in 3 work units. Of the 7 payment errors, 3 were client caused, with 2 being referred to the Fraud Control Unit. The other client-caused error was for failure to report the ending of self-employed income. Of the 4 agency-caused errors 3 were attributed primarily to household composition, including 1 case with a disqualified

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drug felon that was included in the assistance unit. The fourth payment error is due to the agency failing to count earned income.



In FFY04, one agency error was caused by incorrect calculation of military income. This is significant only because it was a trend in a prior fiscal year. In FFY05 no such errors have been cited indicating that the additional training on military pay has been a beneficial corrective action. However, the error case reviews indicate that there is a trend in household composition errors.

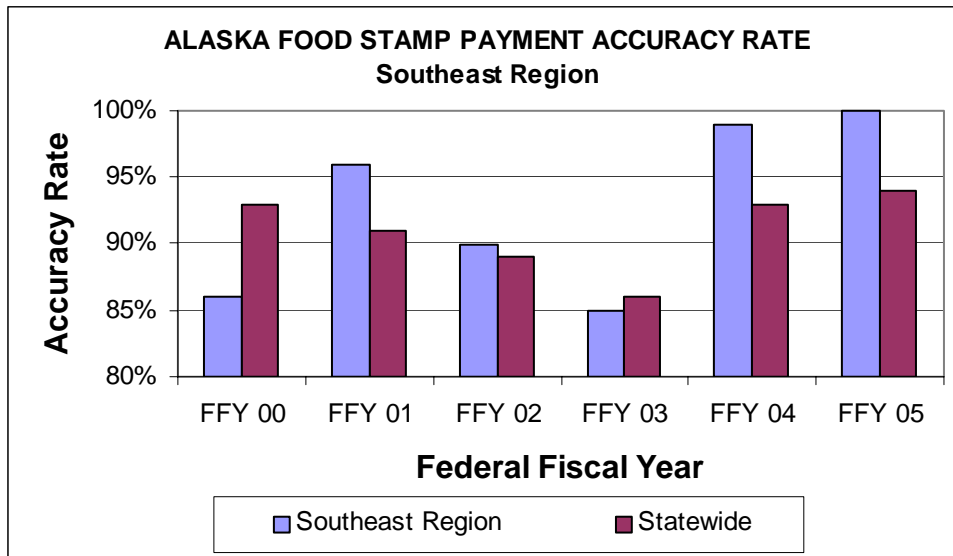
SAQA has sampled 30 negative cases in FFY05 with 1 case in error. The error was for an improper denial within 30-day period for missing an interview. This is a 97% negative accuracy rate for FFY05, and a 3 percentage point decrease from FFY04. No trend is indicated.

1.8 Southeast Region FFY05 Error Trends

SAQA sampled 42 cases in the Southeast Region so far for FFY05, finding no payment errors. The payment accuracy rate for the region is currently 100%. SAQA sampled 47 cases in Southeast in FFY04, finding 1 with a payment error resulting in a payment accuracy rate of 99%.

Of the 27 negative reviews for Southeast in FFY05, 0 were found in error. This is a 100% accuracy rate. The accuracy rate was 96% for FFY04.

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The Southeast Region’s corrective actions focus on sustaining their high accuracy rate, and continually improving their work quality processes.

Juneau Office

SAQA completed a total of 6 active reviews, with 0 payment errors for the Juneau office, resulting in 100% payment accuracy so far for FFY05. This is a further improvement for this office compared to their FFY04 payment accuracy rate of 95.7% and a significant sustained improvement since the 70.4% accuracy rate in FFY03.

SAQA reviewed 6 cases in the negative sample. All were correct resulting in a 100% negative accuracy rate for FFY05 and for FFY04.

Ketchikan Office

The Ketchikan office has 20 active reviews completed in FFY05, and SAQA found them to be 100% accurate. This is consistent with their perfect results in the FFY04 sample. The office has sustained its great improvement from their FFY03 payment accuracy rate of 83.9%, indicative of the whole region’s effective approach to work quality improvement.

SAQA reviewed 12 cases from this office in the negative sample. All were correct resulting in a 100% negative accuracy rate for FFY05. Ketchikan’s negative error rate in FFY04 was 95%.

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Southeast Region APA Office

The Southeast APA Office has 9 active reviews completed in FFY05. SAQA found all to be correct, resulting in a 100% payment accuracy rate. The payment accuracy for FFY04 was also 100%, and 98% for FFY03.

SAQA reviewed 3 cases in the negative sample for FFY05, all were found to be correct. This is an improvement over the negative accuracy rate of 92.3% for FFY04.

Sitka Office

SAQA has reviewed 6 FFY05 active cases in the Sitka office. All were correct, resulting in a 100% payment accuracy rate.

For FFY05 SAQA sampled 5 cases in the negative sample of which all were correct. This is the third consecutive year that Sitka has sustained a 100% accuracy rate.

1.9 FFY05 Error Trends

The FFY05 Active Sampling Plan required the selection of at least 450 cases for review. The caseload increased slightly in FFY04, resulting in a random selection of 379 cases for FFY04 review, up from 354 in FFY03. The adjustment in the active sample for FFY05 reflects the growing caseload size. As of 10/11/05 the state calculated accuracy rate is 93.5%, based on 307 transmitted active reviews.

For FFY05, the Coastal (COA) and Southeast (SERO) regions payment accuracy rate continues to be the most improved of Alaska's 4 regions. COA and SERO accuracy rates are improved over FFY04 and FFY03. The Northern (NRO) payment accuracy rate dropped by 1.4 percentage points from FFY04 and the Central (CEN) region accuracy rate declined by 5 percentage points.

FFY Comparison	SERO Region Pmt Accuracy Rate	NRO Region Pmt Accuracy Rate	COA Region Pmt Accuracy Rate	CEN Region Pmt Accuracy Rate
FFY05 Payment Accuracy Rate	100	92.7	94.7	90.6
Change +/- (FFY05 to FFY04)	0.7	-1.4	4.2	-5.0
Change +/- (FFY05 to FFY03)	15	5.9	8.5	3.8
FFY04 Payment Accuracy Rate	99.3	94.1	90.5	95.6
Change +/- (FFY04 to FFY03)	14.3	7.3	4.3	8.8
FFY03 Payment Accuracy Rate	85	86.8	86.2	86.8

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The FFY05 error trends continue to show the agency causes 57% of payment errors for failure to act on reported information. This is an improving trend since the implementation of Semi Annual Reporting in January 2004 was expected to reduce client errors. In FFY04, 88% of the agency-caused errors were due to its failure to act upon reported changes. This reflects a significant improvement from FFY04 to FFY05. The client-caused errors comprised 20.5% of errors in FFY04 and have improved to 16.7% of errors so far in FFY05.

The first month of FFY05, SAQA found 1 ineligible review and 3 cases with overpayments. This began the fiscal year with a relatively high error rate of 18.75% when compared to the final statewide error rate of 6.71% for FFY04. The second month had some improvement with a payment error rate of 8.16%. The third month had few errors in comparison to the allotment amounts that were relatively small in value lowering the December 2004 monthly payment error rate to 1.31%. In the 6th month of this review period the payment error rate was 7.61% due to one ineligible case with an allotment of over \$700. The following months payment error rate decreased to 4.43%. The payment error rate for the 8th, 9th, and 10th month for this FFY averaged between 5.59% and 6.73%. The reviews are not completed yet for the 11th and 12th month of this review period. Alaska's current state-determined error rate is 6.54% for the FFY05.⁶

⁶ Detailed statistics can be found in Appendix E.

2. ANALYSIS OF QC NEGATIVE REVIEWS

2.1 Analysis of Quality Control FFY05 Statewide Negative Reviews

The Food Stamp Quality Control Negative Review consists primarily of a desk audit of the case file for accuracy of the action to suspend, deny, or terminate benefits. If the eligibility determination cannot be supported by documentation in the file, the reviewer conducts an expanded field investigation using collateral contacts.

Thus far in the FFY05, SAQA reviewers have completed 224 of the 280 negative review sampled. The statewide negative error rate is .49%. This is a significant improvement over the 2.6% negative error rate for FFY04.

Of the 224 cases, the 1 negative case in error was an agency error for an improper denial within a 30-day period for missing interview. With just one case in error, there are no trends identified.

In FFY04 SAQA reviewers completed 423 of the 445 negative reviews sampled. The statewide negative error rate was 2.6%. This is an improvement over FFY03 prior fiscal years.

Of the 423 cases, 11 errors are in 3 regions. Of these, 4 reviews reflect the agency's misapplication of household composition policies governing aliens and categorically eligible households. That was the only noted trend.

3. ANALYSIS OF QC FFY05 VARIANCES

The USDA, Food and Nutrition Service quality control staff (FNSQC) selected for re-review 157 of Alaska's completed FFY05 active cases. The FNSQC reviews seek to validate the accuracy of the state's submitted quality control sample findings. Any discrepancy found with the state's findings is referred back to the state as a "variance". FNSQC review of 59% of the state's completed reviews is a typical sub-sample for Alaska.

FNSQC cited 1 variance thus far in FFY05 due to a problem with the SAQA budget worksheet that did not fail cases for exceeding the gross income test. SAQA has corrected the problem on the budget to ensure that it is functioning correctly. No variances were cited in FFY04.

Alaska SAQA Re-Reviews

	FFY96	FFY97	FFY98	FFY99	FFY00	FFY01	FFY02	FFY03	FFY04	FFY05
Total Variances	38	31	16	20	23	11	31	8	0	1
Incomplete Reviews	2	24	8	3	5	2	4	3	0	0
Dropped Reviews	2	1	4	3	8	0	2	0	0	0
Payment Errors	15	7	8	9	4	7	12	4	0	0
Incorrect ⁷ Negative	N/A	N/A	N/A	N/A	4	1	3	0	0	0
NSTR	0	0	0	0	2	0	2	1	0	2
Arbitrated	0	6	1	5	0	2	6	0	0	0

⁷ FNS started re-review of negatives in FFY00
 FFY05 figures are as of 10/4/05

APPENDIX A

Detailed Statistical Data on FFY05 QA Findings – Actives

APPENDIX B

Synopsis of FFY05 FS Errors - Actives

APPENDIX C

Error Elements by District Office – FFY05

APPENDIX D

Detailed Statistical Data on FFY05 QA Findings - Negatives

APPENDIX E

Detailed Statistical Data on FFY04 QA Findings

APPENDIX F

Corrective Actions

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Review # FFY05	DO #	Region	Sample Month	Element #	Description	Agency or Client Cause d	\$ Error Amt	OP UP IE
32066	41	NRO	Mar-05	150	Incorrect application of HH comp policy for ES HH.	A	\$135	UP
31899	41	NRO	Nov-04	15	MFU-NB not coded "IN" as required	A	\$147	UP
31870	41	NRO	Oct-04	312	Failed to report ending SEEI	C	\$117	OP
32121	43	NRO	May-05	311	Failed to count Earned Income	A	\$281	OP
32005	43	NRO	Feb-05	151	Drug felon included in HH	A	\$124	IE
32122	44	NRO	May-05	350	CS not coded nor budgeted correctly	A	\$116	OP
32067	44	NRO	Mar-05	150	Client failed to identify all HH members; provided incorrect shelter/address information	C	\$190	IE
31972	47	COA	Jan-05	311	Failed to report wage change-over income	C	\$320	IE
32169	51	COA	Jun-05	520	Agency miscalculated wages	A	\$32	OP
32009	51	COA	Feb-05	311	Conversion policy misapplied; client failed to list income from City of Russian Mission.	A	\$248	OP
31995	51	COA	Jan-05	150	Failed to include HH members at recert; failed to report Nat'l Guard wages	C	\$255	OP
31904	51	COA	Nov-04	312	AG failed to remove seasonal SEEI; AG failed to use correct SSA amt.	A	\$147	UP
32171	70	COA	Jun-05	350	Agency failed to act on reported CS changes.	A	\$87	OP
32032	76	COA	Feb-05	211	Client failed to report bank accounts exceeding resource limit	C	\$232	IE
31980	76	COA	Jan-05	150	Failed to act on	A	\$89	OP

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Review # FFY05	DO #	Region	Sample Month	Element #	Description	Agency or Client Cause d	\$ Error Amt	OP UP IE
					report on recert son left HH			
32060	82	COA	Mar-05	211	Client failed to report children's bank accounts.	C	\$551	IE
31926	82	COA	Nov-04	311	Failed to act on reported wage info	A	\$356	IE
32089	71	CEN	Apr-05	331	Failed to anticipate SSI income	A	\$130	IE
32088	71	CEN	Apr-05	361	Failed to allow SUD	A	\$60	UP
31942	71	CEN	Dec-04	331	Failed to acted on Reported Change in SSI & SSA Income	AA	\$151	OP
32172	71	CEN	Jun-05	331	Incorrect SSA budgeted	AA	\$177	OP
32136	77	CEN	May-05	363	Incorrect Shelter Expense amounts used. & 331 Unreported SS/SU benefits	A	\$105	OP
32138	77	CEN	May-05	211	Client failed to report retirement accounts exceeding resource limits	C	\$310	IE
32096	77	CEN	Apr-05	111	Misapplied student policy	A	\$51	UP
32095	77	CEN	Apr-05	335	Net WC used instead of gross; CS deduction not converted; TL deduction not allowed.	A	\$234	OP
31913	77	CEN	Nov-04	311	Failed to report going over the gross income; failed to act on reported child support income at recert.	C	\$154	OP
31884	77	CEN	Oct-04	334	Failed to anticipate ending UIB	A	\$101	IE
31883	77	CEN	Oct-04	311	Fail to report wages	C	\$298	OP
32228	83	CEN	Jul-05	366	Agency incorrectly allowed CS deduction	A	\$132	OP
32188	83	CEN	Jun-05	311	Agency failed to act on reported wages	A	\$151	OP

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Review # FFY05	DO #	Region	Sample Month	Element #	Description	Agency or Client Cause d	\$ Error Amt	OP UP IE
32145	83	CEN	May-05	151	HH Comp-IE HH member included	A	\$48	OP
32186	83	CEN	Jun-05	311	Failed to count wages correctly	A	\$124	OP
32034	83	CEN	Feb-05	312	Incorrect policy to determine SEEI; failed to verify paid CS.	A	\$55	UP
32197	84	CEN	Jun-05	311	Agency failed to convert wages	A	\$402	IE
31922	84	CEN	Nov-04	344	Incorrect Coding of TA Income	A	\$67	OP
31891	84	CEN	Oct-04	311	Failed to report wages; incorrect income coding by ET	C	\$697	OP

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**CORRECTIVE ACTION PLANNING
 RECORD**

Region: CENTRAL
 Updated: 11/01/05

Problem/Cause	Corrective Action	Outcomes	Who is Responsible?	Status
Case errors undetected in case reviews.	<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.</p>	Improve quality of case reviews.	<p>M. Rogers A. Lenda</p> <p>M Rogers T Allam</p>	Ongoing
Cases transferred to another team with errors from originating office.	Recruit and fill existing ET III to review cases in Gambell and the APA Office. Region will review 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.	Identify trends and training needs. Improve overall quality of work.	M Rogers Site Managers	Ongoing
Strengthen internal training efforts.	ET III lead workers and ET III regional case reviewers meet twice a month to discuss error trends and training needs. Training is customized for each location. The team is responsible for ensuring staff throughout the region are utilizing	Improve internal training efforts for Central Region, which will result in	M. Rogers Site Managers ET III's	Ongoing

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Problem/Cause	Corrective Action	Outcomes	Who is Responsible?	Status
	formal training materials from SD&T such as skill challenges, and information shared in Enews.	overall quality of work improvement.		
Inefficient workflow processes affect timeliness and quality.	Identify problem areas and utilize the local council staff to seek solutions.	Improve timeliness and quality.	Rogers Site Managers Local Council staff	Ongoing
Low number of 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 ### case reviews as a team to ensure completeness, consistency of write up and alignment with policy and case review procedures. Sites will review as a team at a dedicated leadership meeting.	Improve percentage of completed case reviews, and quality.	Rogers Site Managers Leadership staff	Oct 2005
Incomplete CANOs lead to insufficient documentation supporting actions taken resulting in errors.	Utilize statewide CANO format upon roll-out. ET III's will develop a training session that includes materials created by CANO work team, as well as before/after examples of case notes. In addition, ET III's will conduct practical application thru scenarios during the workshop.	Improve case documentation that should improve accuracy rate.	Rogers Site Managers ET III's	Oct / Nov 2005

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**CORRECTIVE ACTION PLANNING
 RECORD**

Region: Chief of Field Services

Updated: 11/01/05

Problem/Cause	Corrective Action	Outcomes	Who is responsible?	Status
Staff statewide reported inconsistent electronic documentation of case actions and circumstances.	Select a user group consisting of regional representation to review and update current case note templates. In addition, the group will explore best practices, and develop user guidance regarding case documentation.	Improve consistency and improve documentation of case circumstances	M. Rogers C Moon	Oct 2005
Case Review Guide and System Navigation Guide need to be finalized and included in the appropriate manuals. Case Review System screen enhancements need to be prioritized and completed.	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. Prioritize system screen enhancements and complete requests.	Finalized materials included in appropriate manuals. System enhancements will improve overall efficiency.	M. Rogers C Moon A Lenda M Celli-Miller M Rogers A Lenda	On-going On-going
Case Review system report enhancements in order to assist field	Expand report functionality of the system. Staff have submitted	Improved report	M. Rogers C Nelson	On-going

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Problem/Cause	Corrective Action	Outcomes	Who is responsible?	Status
and management staff.	enhancements requests.	enhancements	A Lenda	
Management staff needs refresher training in data collection and report reading.	ET IV's, local council reps, and managers will convene for a 3-day conference in Nov 2005. A reports workshop will be held during this conference.	Utilize reports to determine error trends, accuracy and timeliness.	Rogers Celli-Miller Kahklen	November 2005
QA errors finalized in QARC process are not being corrected.	Field Services announced to leadership staff that the Regional Reviewers would be responsible for ensuring finalized QARC cases are corrected.	Finalized QARC cases are corrected.	Rogers Lenda	Oct 2005
Inconsistent regional case reviews	Field Services rep will convene regional reviewers quarterly to discuss case reviewing process, QARC process, and discuss statewide trends/solutions.	Ensure adequate amount of regional reviews are completed consistently.	Lenda	On-going

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**CORRECTIVE ACTION PLANNING
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Region: COASTAL
Updated: 11/01/05

Problem/Cause	Corrective Action	Outcomes	Who is responsible ?	Status
Supervisory reviews unable to identify error trends.	Increase local office case review sampling by establishing Regional Case Reader to randomly sample and review cases for accuracy, timeliness, and overall quality.	Decreased case errors in Kenai and Bethel.	Celli-Miller	Done Jan. 04, on going
	Assign designated case reader to participate in the QARC.		Harris/Lenda	Done 11/05
Staff improperly coded household members on the SEPA screen.	Conduct case readings		Keck	Due 4/30/05
	In-House Training on the SEPA screen		D. White	
SSI recoupments are not reflected on the SDX and INME interface.	Conduct training on the Interface.		A. White	Due 4/30/05
Earned income policies for averaging and converting misapplied.	Staff will attend Training Summits		Roesing	Due 06/05
	In-house training and case readings		Bowman	
	Implement peer case reviews		Keck	
Resources not correctly identified; property records on INGENS are difficult to interpret.	Train Nome staff on use of INGENS	No resource errors found since training.	Lenda Johnson	Done 08/04 Due 7/1/05
Earned income policies for averaging and converting misapplied.	In-house training and case readings		Bowman	Due 12/05
	Implement peer case reviews		Keck	

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Problem/Cause	Corrective Action	Outcomes	Who is responsible ?	Status
Staff failed to act on changes reported on GEN 72.	<p>Conduct a training session on best practices to locate changes on GEN 72.</p> <p>Create a checklist of items to compare to previous documents/CANOs and provide list of "must-check-interfaces".</p>		Johnson/ Bowman	Due 1/06
Supervisory case reviews focus on new worker case reviews and impact balance of random reviews for region.	Regional Case Reviewer to increase random reviews over a quarterly period to anticipate and target any additional support.		Harris	Due 10/05

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**CORRECTIVE ACTION PLANNING
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 Region: Policy & Program Development
 Updated: 11/01/2005

Problem/Cause	Corrective Action	Outcome	Who is responsible ?	Status
TANF, Medicaid, and APA policy manuals imply the same policy but have differing text than the FS Manual.	Align income and resource policies as allowed using same text for common policies in all the manuals.	Decrease in payment errors caused by misapplication of income or resource policies	Chase	Started 02/04 Due June 2006
TANF, Medicaid, and APA policy manuals imply the same policy but have differing text than the FS Manual.	Participate in Annual Training Summit, presenting a segment on error prone policies across programs	Staff has better understanding of policy. Decrease in payment errors	Spalding Chase	FS Accuracy Summit May/June 2004 (done) Learning Summit April/May 2005 (done) Learning Summit 2006 (dates to be determined)

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Problem/Cause	Corrective Action	Outcome	Who is responsible ?	Status
TANF, Medicaid, and APA policy manuals imply the same policy but have differing text than the FS Manual.	Integrated (FS/TA/ME/AP) on-line policy manual	Common policies are clearly stated; differences and exceptions are clearly noted	Spalding Chase Ensor Steele	Due 12/06
Clients' statements accepted as verification are error prone.	Clarify verification procedures in Administrative Procedures Manual.	Decrease in errors caused by lack or insufficient verification	Spalding Chase	Due 12/05
Misapplied policy for a student.	Clarify policy in the Food Stamp policy manual.	No related errors since MC #16	Chase	Done 12/04 FS MC #16
Inconsistent application processes in DPA programs contribute to errors.	Project team will rewrite the application intake process for all DPA programs, ensuring consistent language and alignment where possible.		Chase	Done 09/05 FS MC#18

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Region: NORTHERN

Updated: 11/01/2005

Problem/Cause	Corrective Action	Outcomes	Who is responsible?	Status
Low numbers of case reviews completed: error trends not identified.	Supervisors will perform monthly case reviews on subordinate staff to evaluate individual staff performance and provide training. 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.		Roberts Leadership Team	Ongoing Due 11/06
Earned income and UIB policies for averaging and converting misapplied.	Staff will attend Training Summits In-house training and case readings Implement peer case reviews		Skinner	Ongoing
Misapplication of expedited service policy; benefits untimely	Local Quality Council will monitor monthly stats for expedited applications.		Roberts/LQC	Ongoing
Inefficient workflow processes impact timeliness and quality.	Identify problem areas and utilize quality council staff to seek solutions.		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.		Roberts/Skinner/ Marshall	Due 2/06

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Region: Quality Assessment

Updated: 11/01/2005

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.	FFY04 no 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.	FFY04 error rate dropped to 6% from 13% FFY03.	Allam, Kagee	Started 10/03 - ongoing
Incorrect coding on incomplete or not subject to review cases	Held annual training meeting and had FNS review and discuss correct coding	QA staff will be coding correctly	Allam	Done 10/05 Ongoing
Supervisors are not identifying errors.	QA staff will routinely perform re-review on supervisory reviews. They will review 1 re-review per every 10 completed by the supervisor.	QA completed 131 SR Re-reviews w/4 errors cited.	Allam/ Lenda	Done 01/05, Ongoing
Incorrect coding of timeliness by QA reviewers.	Training with FNS on how to code properly. EQCT II will provide training to new EQCT I that started after the 09/04 training.	FFY05 has 4 new sub-sampled reviews that are miscoded.	Allam	Done 10/05 On-going
Problem was QA budget did not fail cases for exceeding gross income.	QA has updated budget to include listing fails when income exceeds gross limit for HH size.	All reviewers have been instructed to	Allam	10/1/05 On-going

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Problem/Cause	Corrective Action	Outcomes	Who is responsible ?	Status
	Checking all current reviews completed for this problem and all new reviews will be completed with the new budget.	use the new budget. Due to the variance caused		

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Region: SOUTHEAST

Updated: 05/01/2005

Problem/Cause	Corrective Action	Outcomes	Who is responsible ?	Status
Timeliness and consistency of case reviews, particularly for new workers, is insufficient	Develop and implement a formal regional Case Review Plan to provide second level oversight from the regional office to ensure quantity and timeliness		Dawson	Implemented 7/05 Ongoing
	Case reader will conduct re-reviews of supervisory reviews		Meyer	Ongoing
	Increase staff education about the case review process	Formal CR process developed;	Dawson & Meyer Andrew & Mitchell	Implemented 12/04
		ET CR Responsibility Training developed	Meyer	Implemented 7/05 Ongoing
	Leadership will facilitate monthly quality assurance meetings		Dawson & Meyer	Started 7/05 Ongoing
	Link training to error trends identified through reviews; regional mgr and case reader attend unit meetings to discuss and strategize	100% payment accuracy in FFY05. Corrective actions & continuous improvement efforts very effective	Dawson & Meyer	Started 9/04 Ongoing

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Problem/Cause	Corrective Action	Outcomes	Who is responsible ?	Status
Inconsistent follow-up on corrective action on case reviews and QA errors	<p>Case Reader w/ monitor status to ensure corrections/claims are completed timely</p> <p>Supervisors will monitor CR System to ensure all reviews are closed out within the 10-day timeframe</p>		<p>Meyer</p> <p>Dawson & Meyer Andrew & Mitchell</p>	<p>Started 5/05 Ongoing</p> <p>Ongoing</p>
Untimely initial and review application timeliness rate is too high	<p>Analyze workflow processes to identify inefficiencies or training issues</p> <p>Update and utilize standardized intake verification checklist</p> <p>Develop and implement clerical quality assurance project to identify strengths and weaknesses affecting timeliness</p>	<p>Best practices identified; checklist standardized</p>	<p>Dawson & Meyer Andrew & Mitchell</p> <p>Dawson</p> <p>Parker</p>	<p>In progress Due 10/05</p> <p>Implemented 5/05</p> <p>Implemented 6/05 Analysis due 10/05</p>

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Region: Systems Operations

Updated: 11/01/05

Problem/Cause	Corrective Action	Outcomes	Who is responsible?	Status
Policy Manuals on Web difficult to search in their PDF format.	Exploring different software package to improve search ability.		Schoenborn	04/03 software options ready for field test. Ongoing. Implementation 11/05
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.	Started culling obsolete alerts Ongoing. Completion date 12/05
Workers overlook client reports of change.	Design and implement a change tracking system. Contract work-load study to determine solution.		Schoenborn	Design meeting 10/13/03. In pilot test 12/03. Due 01/06
Supervisory review tool lacks ability to summarize data and error trends.	Import CATS and TAR-CATS from the state of Arizona.	Error trends an error rates are similar to QC findings; results used in staff meetings and local quality councils to identify corrective actions.	Nelson	Done 03/05

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Region: Training Unit

Updated: 11/01/05

Problem/Cause	Corrective Action	Outcomes	Who is responsible?	Status
Interfaces information inconsistently used to verify income and resources.	Create eManual from Interface Guide & post to DPA Website.	Consistency of information	Celli-Miller	Due 1/06
New Case Review Guidelines are in draft form.	Finalize Case Review Guidelines	Standardize material	Celli-Miller	Due 1/06
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. 2 nd 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.		Celli-Miller	Completed 05/05 On-going Begin 05/05 and completed 08/05
ASHA rental amount incorrectly applied	Develop a job aid to provide guidance on the proper calculation.	Eliminate miscalculation	Celli-Miller	Due 2/06