

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

FOOD STAMP PROGRAM CORRECTIVE ACTION PLAN

November 2006 Update



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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's food stamp payment error rate was **6.51** percent, above the national average of 5.84 percent. This error rate translates to a food stamp payment accuracy rate for FFY 2005 of **93.49** 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's food stamp negative case error rate in FFY 2005 was **0.89** percent. This was seventh in the nation and below the national average of 6.91 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 **99.11** percent compared to FFY 2004 at 97.4 percent.

Alaska's November 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 as follows:

Active Payment Accuracy Rate: 93.49 percent (error rate 6.51 percent)

Negative Case Accuracy Rate: 99.11 percent (error rate 0.89 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"> • Alaska conducts Workload Analysis Study • DPA Reports Website 	
FFY 05	<ul style="list-style-type: none"> • Standardized Case Notes (CANO) implemented 	93.49%*
FFY 04	<ul style="list-style-type: none"> • Alaska implemented Semi-Annual Reporting in January 2004 to help reduce client errors • Regional Case Readers deployed • Annual Statewide Learning Summits initiated • Web Based Skill Challenges introduced 	93.04%*
FFY 03	<ul style="list-style-type: none"> • Alaska implemented the Quality Assessment Review Committee (QARC) November 2003 • Implementation of the statewide Case Review Tool • Creation of Local Quality Councils 	86.12%

* reflects unregressed accuracy rate for FFY 05

I. INTRODUCTION

In federal fiscal year (FFY) 2005, Alaska’s food stamp payment error rate was **6.51** percent. The national average was 5.84 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 **0.89** percent, far better than the national average of 6.91 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**

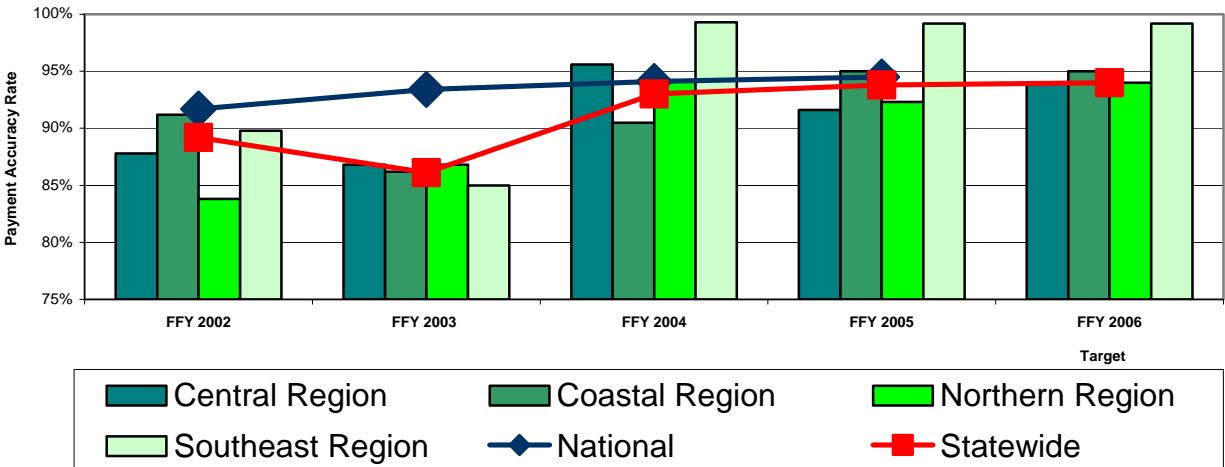
FFY	State Active Dollar Error Rate	National Average	State Negative Case Error Rate	National Average
2005	6.51% **	5.84%	0.89% **	6.91% **
2004	6.96% **	5.88%	2.60% **	6.52% **
2003	13.88% **	6.63%	3.11% **	4.99% **
2002	10.76% **	8.26%	6.76% **	7.87% **
2001	9.69% **	8.66%	4.17% **	8.30% **
2000	7.24% **	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



Preliminary data indicates that Alaska will hit its 94 percent accuracy goal for 2006. To build upon our success we are striving for a 95 percent accuracy target under our new “Give Me Five” campaign for 2007. Maintaining the outstanding accuracy achieved by the Southeast Region, sustaining or improving the accuracy gains achieved by the Coastal Region, and focusing additional efforts at improving payment accuracy in the Central and Northern Regions will help us achieve this goal.

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 May 2006 Food Stamp Program Corrective Action Plan addressed all reviews for FFY 05, described early error trends for FFY 06, and described initiatives to address the active and negative error rates. This plan focuses on our new goal of 95 percent accuracy for FFY 2007, and outlines the corrective actions to help us achieve it.

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:

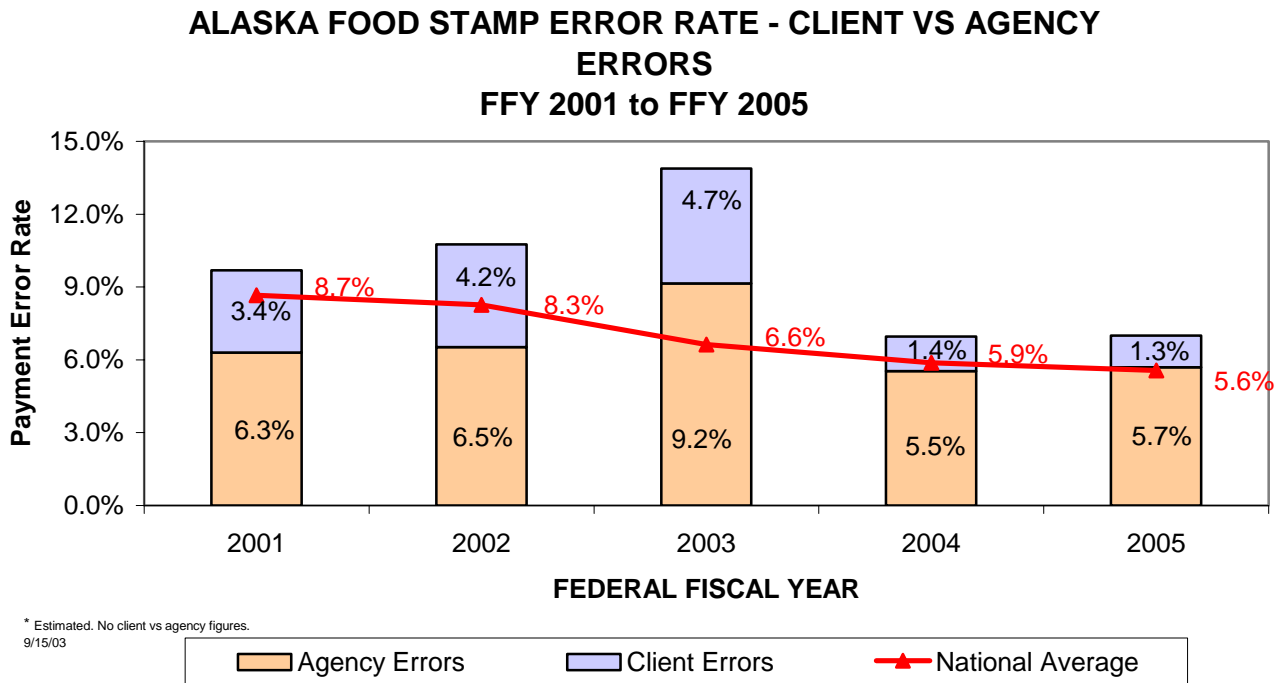
The primary data source for this report was the findings from the federally required QC review process conducted by the state.

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%
Total		\$6,179	40	100 %

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

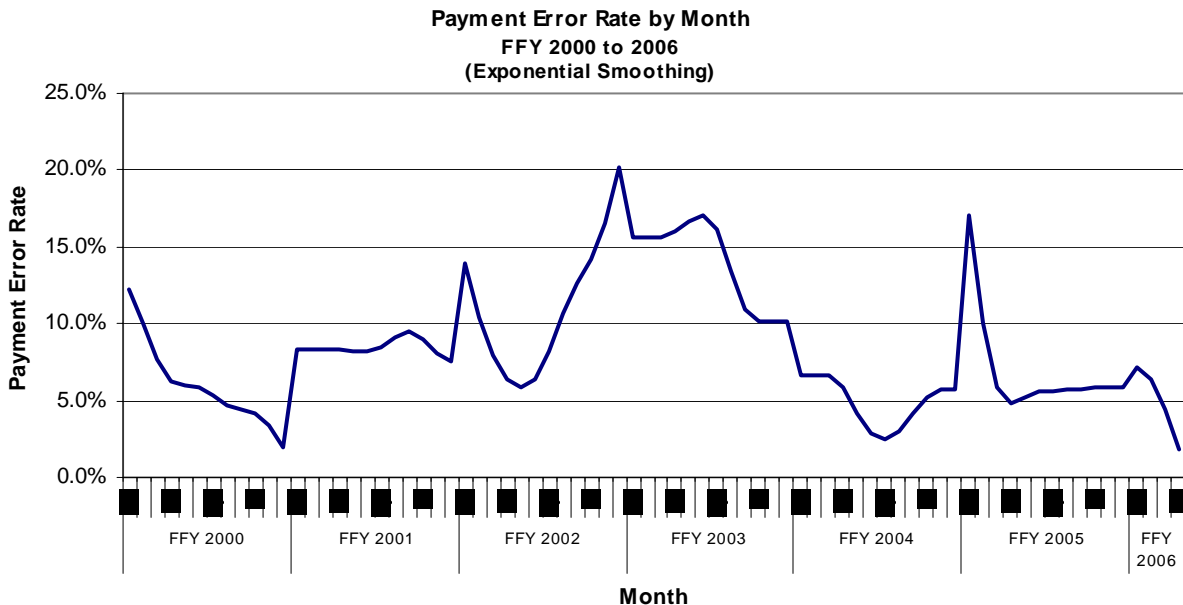
A further analysis of the agency-caused earned income errors reveals the following:

- 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

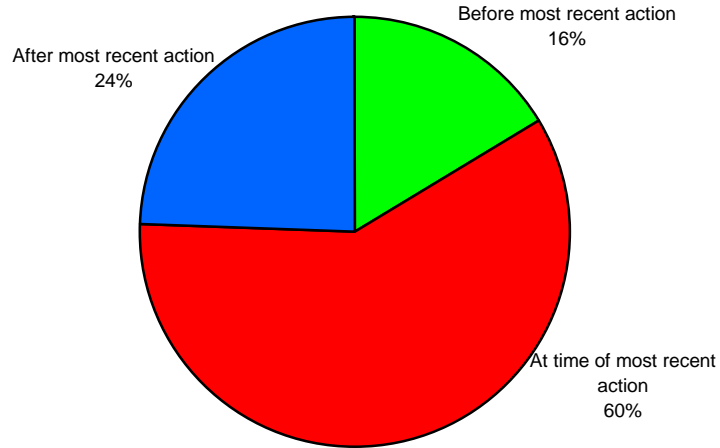
The following table examines historical information for the agency and client payment error rate by month for FFY 2000 through January 2006. This table highlights a spike in the payment error rate in the month of September, October or November for most fiscal years.



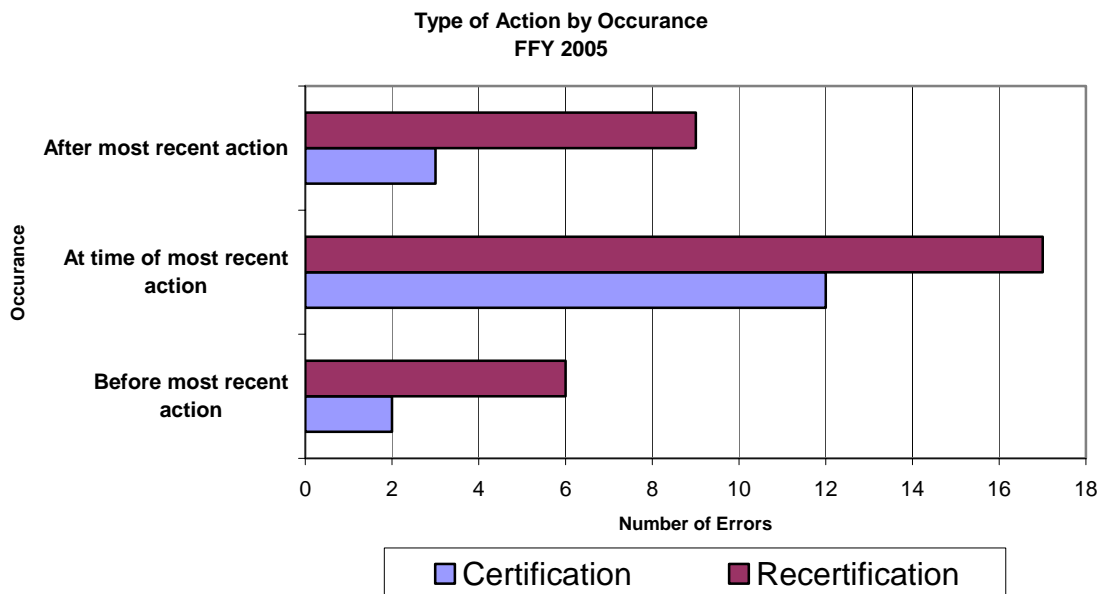
Errors at Time of Occurrence

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
Total	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
Total Cases Selected for Review	388	379	450
Total Not Completed (Code 3)	15	11	24
Percent Not Completed	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
Total Cases Selected for Review	388	379	450
Total Not Subject to Review (Code 2)	21	36	25
Percent NSTR	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: implementation of the statewide Case Review Tool, 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 eNews. 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 ENews. 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%

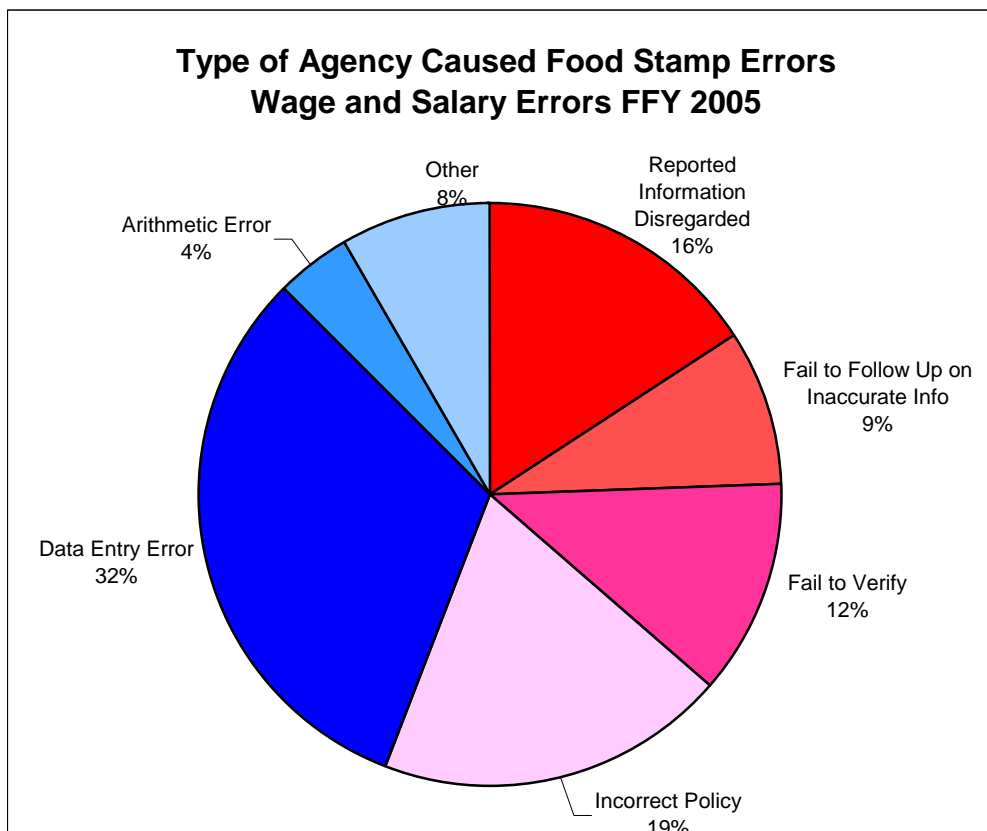
A. Corrective Action on Top Four Errors

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 eNews*.

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 ENews*, 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 eNews 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>

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.

<http://dpaweb.hss.state.ak.us/QA/PDF/FoodStampReportFFY2005-2.pdf>

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:

Staff representing the Policy and Program Development Unit, Staff Development and Training, Systems Operations, Program Integrity & Analysis, Quality Assessment, the Chief of Field Services, and each Region have collaborated in the development of these corrective actions. The actions focus on the top agency caused payment error element and other identified error trends.

CORRECTIVE ACTION PLANNING RECORD

Problem: Earned income errors in FFY 2005 accounted for 48 percent of agency-caused error dollars

Outcome: Reduce the percentage of agency-caused error dollars

Monitoring/Feedback: All Corrective Actions will be monitored and evaluated regularly

Corrective Action	Measurement Strategy	Lead Responsibility	Status
Clarify policy manual sections related to estimating earned income	<ul style="list-style-type: none"> • Pertinent sections identified • Target date for revisions established • Manual changes implemented 	Policy & Program Development	Beginning
Establish a statewide macro for income documentation on the CANO	<ul style="list-style-type: none"> • Development of statewide macro assigned • Macro pilot conducted • Statewide implementation complete 	Field Services	Beginning
Provide training in use of the CASS screen as a comparison tool before authorizing benefits	<ul style="list-style-type: none"> • Training plan developed • Number of caseworkers participating in training 	Staff Development & Training	Beginning
Ensure increased use of the CASS screen as a comparison before authorizing benefits	<ul style="list-style-type: none"> • Identify strategies for evaluating prevalence of CASS screen usage • Decreased errors at data entry / missing reported information 	Central, Coastal, Northern & Southeast Regional Mgrs	Beginning
Profile high risk income/high allotment cases	<ul style="list-style-type: none"> • High risk target cases profiled for each region • Number of target case-types for review established for each office • Number of target cases reviewed 	Program Integrity & Analysis	Ongoing
Provide refresher training in estimating earned income for seasoned caseworkers	<ul style="list-style-type: none"> • Training plan developed • Number of caseworkers attending refresher training 	Staff Development & Training	Beginning
Increase interactive interviews (interviews with a supervisor present to provide constructive feedback to the caseworker) to ensure caseworker is asking follow-up questions.	<ul style="list-style-type: none"> • Required number of interactive interviews established • Number of interactive reviews monitored via the case review system 	Central, Coastal, Northern & Southeast Regional Mgrs	Beginning

*Shaded corrective actions address more than one problem identified in this plan.

CORRECTIVE ACTION PLANNING RECORD

Problem: More errors tend to occur at re-certification than at certification

Outcome: Improved accuracy of benefit issuance at re-certification

Monitoring/Feedback: All Corrective Actions will be monitored and evaluated regularly

Corrective Action	Measurement Strategy	Lead Responsibility	Status
Develop standard requirements for interface checks and provide comprehensive interface training	<ul style="list-style-type: none"> • Standard requirements for interface checks developed • Training plan established • Number of caseworkers trained 	Quality Assessment Unit	Beginning
Standardize case review process statewide	<ul style="list-style-type: none"> • Standard requirements for case reviews developed • Training plan established • Number of reviewers trained 	Field Services	Beginning
Profile high risk cases at re-cert	<ul style="list-style-type: none"> • High risk target cases profiled for each region • Number of target case-types for review established for each office • Number of target cases reviewed 	Program Integrity & Analysis	Ongoing
Address issues with the GEN 72 form – fix multiple mailings, develop a new form or use the GEN 50 instead of the GEN 72	<ul style="list-style-type: none"> • Options and strategies to implement this change identified and evaluated 	Application Project Team	Beginning
Incorporate telephone contact at re-certification when no face-to-face interview is required (six month period with targeted reviews)	<ul style="list-style-type: none"> • Number of FS error cases with no interview at re-cert identified • Case review tool enhanced to track interview type 	Field Services	Beginning
Provide training in use of the CASS screen as a comparison tool before authorizing benefits	<ul style="list-style-type: none"> • Training plan developed • Number of caseworkers participating in training 	Staff Development & Training	Beginning
Ensure increased use of the CASS screen as a comparison before authorizing benefits	<ul style="list-style-type: none"> • Identify strategies for evaluating prevalence of CASS screen usage • Decreased errors at data entry / missing reported information 	Central, Coastal, Northern & Southeast Regional Mgrs	Beginning

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Problem: More errors tend to occur at re-certification than at certification

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Monitoring/Feedback: All Corrective Actions will be monitored and evaluated regularly

Corrective Action	Measurement Strategy	Lead Responsibility	Status
Increase interactive interviews (interviews with a supervisor present to provide constructive feedback to the caseworker) to ensure caseworker is asking follow-up questions.	<ul style="list-style-type: none"> • Required number of interactive interviews established • Number of interactive reviews monitored via the case review system 	Central, Coastal, Northern & Southeast Regional Mgrs	Beginning
Implement intranet web site to share best practices	<ul style="list-style-type: none"> • Explore feasibility and outline tasks necessary to establish and maintain the web site 	Operations Support	Beginning
Regularly review performance measures with staff / promote and recognize quality work	<ul style="list-style-type: none"> • Successful strategies identified and shared with all offices • On-going monitoring demonstrates staff familiarity with performance measures and recognition for quality work 	Central, Coastal, Northern & Southeast Regional Mgrs	Ongoing

CORRECTIVE ACTION PLANNING RECORD

Problem: In most fiscal years there appears to be a fall payment error rate spike.

Outcome: Research and evaluate the apparent fall payment error rate spike in order to develop appropriate corrective action

Monitoring/Feedback: All Corrective Actions will be monitored and evaluated regularly

Corrective Action	Measurement Strategy	Lead Responsibility	Status
Analyze QA case errors as well as payment errors to get a better understanding of the problem	<ul style="list-style-type: none"> • Case errors graphed by occurrence for a 5 year period • Case errors sorted and grouped by cause 	Program Integrity & Analysis	Ongoing
Incorporate ability to track the date the error action/inaction occurred in the case review tool	<ul style="list-style-type: none"> • Occurrence request incorporated in system screen enhancements priority list • Analysis on implementing this change completed • Occurrence date incorporated in system 	Field Services	Beginning
Capture all errors, including those under \$26, in the case review tool	<ul style="list-style-type: none"> • Reduced number of cases in case review tool listed as “no error” with an accompanying error reason and factor 	Central, Coastal, Northern & Southeast Regional Mgrs	Ongoing
Standardize case review process statewide	<ul style="list-style-type: none"> • Standard requirements for case reviews developed • Training plan established • Number of reviewers trained 	Field Services	Beginning
Use caseload management reports to track the number of re-certs due each month to see if staggering re-cert dates could level out peak processing months	<ul style="list-style-type: none"> • Identify any barriers to using reports to track number of re-certs due each month • Review report data to identify possible re-cert staggering month(s) • Pilot staggering in one or more offices • Determine if the benefits of staggering outweigh costs 	Central, Coastal, Northern & Southeast Regional Mgrs	Beginning
Develop standard requirements for interface checks and provide comprehensive interface training	<ul style="list-style-type: none"> • Standard requirements for interface checks developed • Training plan established • Number of caseworkers trained 	Quality Assessment Unit	Beginning