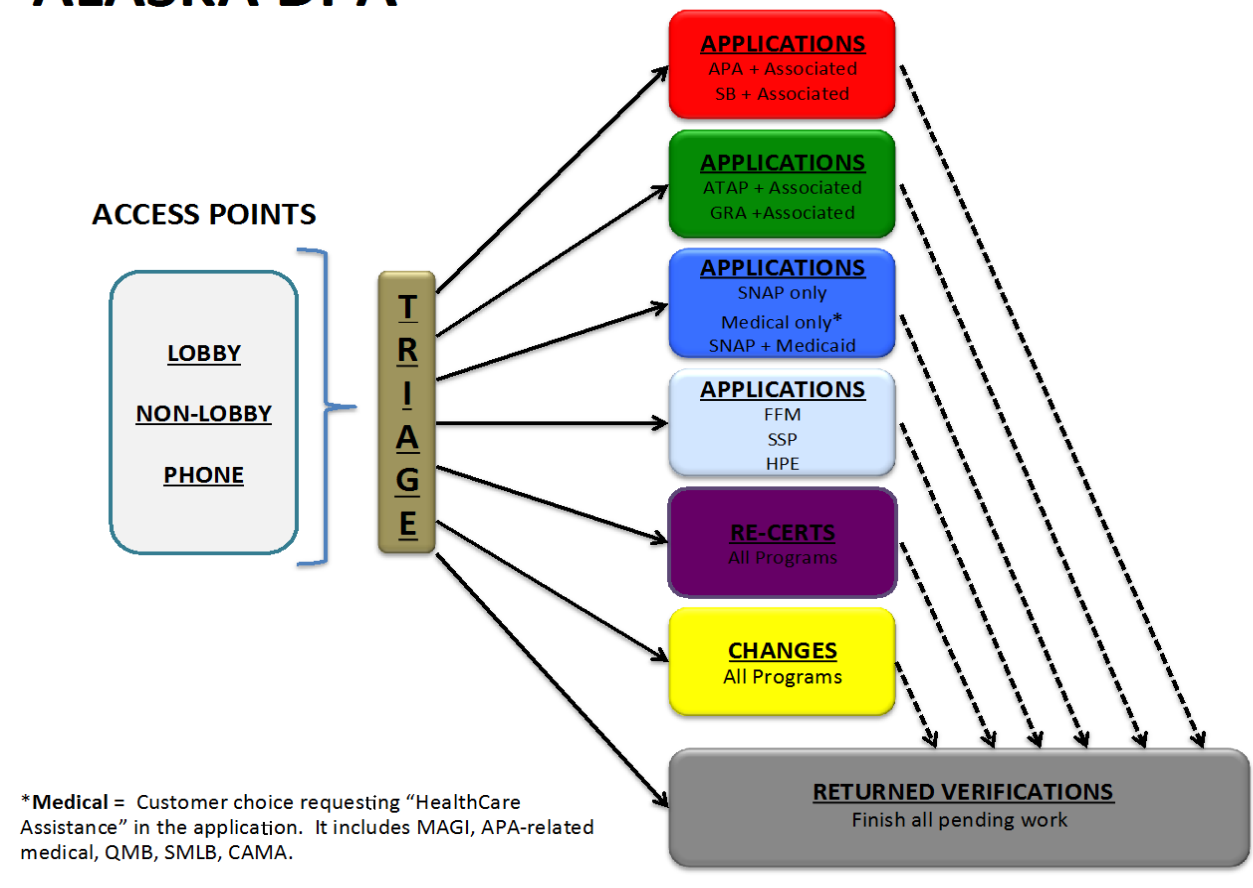


WORKFLOW MODEL

ALASKA DPA



1. Customers can generally access services in our offices in three different ways (*access points*):
 - Walking into the lobby (*Lobby access point*);
 - Online, Mailing, Faxing, Dropping things off but not staying (*Non-Lobby access point*)
 - Conducting interviews over the phone (Phone access point)
2. Customers, regardless of how they choose to access services (Lobby,

Non-Lobby, Phones), generally are reaching our offices to:

- Apply for benefits
- Re-certify existing benefits
- Report a change
- Provide requested verification
- Ask a questions which answer does not require an eligibility action

3. The first step in the new process is to assess what needs the customers have – in other words, determine the reason they have for seeking services (apply, re-certify, report a change, bring back verification) and for what program (ATAP, SNAP, APA, Medicaid, etc.)

- This process is what we refer to as “Triage”. First determining the customers needs and assigning their case to specific teams prepared to manage their needs. This “triage” is similar to the triage that occurs in other industries - hospital ERs, grocery stores, Apple Store, airports, etc.

4. Once we assess what the customers need are, we then route/assign the case to the appropriate “pathway”(team) based on the level of complexity. The proposed new pathways for DPA offices are as follows:

⇒ Initial **applications** for:

- **APA** and associated programs requested by the household (i.e. Medicaid and SNAP)
- **Senior Benefits** and associated programs

⇒ Initial **applications** for:

- **ATAP** and associated programs
- **GRA** and associated programs

⇒ Initial **applications** for:

- **SNAP** only
- **Medical** only
- **SNAP + Medicaid**

⇒ Initial **applications** from:

- **FFM**
- **SSP**
- **HPE**

⇒ **Re-certifications** for all programs

⇒ **Changes** for all programs

⇒ **Verifications** for all programs

- Finish all pending work

5. Our eligibility processes (*steps we want workers to follow to make eligibility determinations*) will be identical regardless of access point. In other words, we are going to process an initial application for ATAP and Medical received via mail in the same fashion as if the customer were in front of us.
6. Workers will have “primary” assignments to each of these pathways – think of it as new teams within the office – where staff will be assigned to each of these teams to process the work.
 - However, we want to retain the skillset and abilities of our staff, therefore, depending on workload needs (peaks in demand), workers may be asked to help other teams/tracks process their work.
 - Workers remain focused on work within their teams – getting in the “rhythm” of processing similar types of tasks and program. This “increased” focus translates to fewer interruptions, resulting in less pended cases, higher quality, and greater productivity. There is little need to “re-focus” after interruption or having to switch back and forth from different programs or tasks (i.e. in today’s environment a worker first processes a SNAP application, followed by a

Medical re-certification, followed by processing returned verification for a SNAP and Medical case, back to a ATAP recertification, etc.)

7. Supervisors determine which workers from the different teams will be asked to help other teams, or “float” to another team, depending on the workload on that day, priorities, and staff availability
8. This is the process workers will follow to process the work:
 - Claim one case from their assigned team and work this one case at a time – only one case at a time. Once they finish processing this case, they claim another case from the same team. They will continue claiming and processing one case at a time from their assigned team unless their supervisor asks them to claim work from another team.
 - Workers will consistently interview, verify, and document case actions. They will:
 - a. Register the case if needed
 - b. Conduct interviews using the designated Interview Scripts – one script for each of the interview teams
 - c. Verify eligibility consistently and attempt to finish the case without pending by following these five steps:
 1. Reference the Verification Matrix to avoid over/under verify household circumstances
 2. Check electronic interfaces and system cross-matches to obtain the verification
 3. Check the case file, EIS, or ARIES to assess whether we already have the verification
 4. Make collateral calls and “3-way calls” to obtain the verification via the phone with the assistance of the customer and third parties
 5. Pend the case only when steps 1 through 4 fail

- d. Exhaust all efforts to obtain needed verification to process the case and achieve a determination; or worst case scenario, process the case as far as possible if unable to achieve a determination
 - e. Document case actions consistently by using the Documentation Template
- 9. Workers will process all associated case actions with that case. For example, if a client reports a change and, 2 days later, sends in an application for SNAP, the worker will process both the application and change.
 - There is a hierarchy assumed with this model to allow a single worker to process all associated case actions and programs
- 10. In the event that the worker is unable to achieve a determination at the time of the interview and ends up requesting additional verification, the worker no longer “owns” that case. Any returned verification will be processed by the “Finishing Team”
 - This team is charged with finishing all pended case actions from the other teams. Either because the client returns the requested information so that we can approve/deny the case, or because the customer failed to provide the requested verification resulting on a denial.