

IMAC Subcommittee Update April 19, 2018

Upcoming 2018 IMAC Subcommittee meetings have been scheduled as follows:

Training	April 23
TAPP	April 27
Call Center Technical/Operational Subcommittee	April 30
IM Operational Analysis	May 4
Fraud and Program Integrity	May 8
BRITS Workgroup	May 16
Performance Monitoring	May 16
Workload & Finance	June 26
Program Coordination	July 18

The following subcommittees and work groups have met since the March IMAC meeting:

Subcommittees

Income Maintenance Operational Analysis

The IMOA subcommittee met on April 6 in Madison. At that meeting, the group:

- Received a briefing on the imminent launch of an internal DMS project group which will 1) evaluate and design process and protocols for access to CARES and ECF systems (Forward Health access is not in scope) 2) document a beginning to end process for CARES and ECF access and 3) re-write the current CARES security manual. IM will be one of many stakeholders in ongoing conversation about this project. Project is intended to be non-systems focused, but some systematic solutions may come out of it. Group members provided the following feedback as background to launch of this project:
 - Start with good definitions of who should have access to CARES and for what purpose
 - Incorporate definitions of CARES mis-use and protocols to handle
 - Consider including training requirements as criteria for access
 - Base access on need to know information – evaluate alternative sources for accessing needed information
 - Confidential case status and handling should be addressed
 - Would be helpful to revisit design of security request form to streamline – also create common templates that can be used for staff in same roles.

Consortia were asked to provide additional thoughts and feedback on scope, design and additional security issues to address to Jen Mueller.

- Reviewed handouts and heard overview of the 2018 decision process, status and results for prioritization of 2019 CARES projects. As part of this discussion, consortia learned that:
 - two big implementations – drug testing and the 1115 waiver – are still in assessment stage and could cause further changes to tentative 2019 project schedules
 - DHS will share list of projects not prioritized with rationales
 - cycle for 2020 CARES project prioritization process will begin in September
 - DHS would like feedback on how 2018 process worked
 - projects not prioritized for 2019 should be re-submitted for next cycle
- Heard update on statewide implementation of SSI Managed Care, which is almost complete.
 - Initiative is going smoothly – one reason is lower numbers of individuals impacted than originally projected.
- Discussed status of 1115 federal waiver. Negotiations are active with CMS. DHS will bring back more specifics to future IMOA meeting when known.
- Heard status update on FS drug testing rule. Rule is being signed into law this week. This will be topic at May IMOA.
- Discussed willingness of Division of Hearings to avoid scheduling hearing dates on consortia training, retreat and other closure dates. Advance notice of agency closure should be sent to Joan Alt at DHA and to the DHA mailbox.
- Continued discussion of options for consortia to access the Work Number data. Eric Hayko (BOC) provided high level information on DCF use of a batch process, but is getting more detail on how it works. More information will be gathered for June IMOA meeting.
- Heard a status update on the progress of scheduling Associate Degree curriculum design exercise (DACUM) with Mid State Technical College facilitator. Scheduling the design session has been delayed somewhat due to departure of Dean who was working with IM on this initiative. Goal is to get session scheduled sometime in late April or early May.
 - Western shared that they are taking on an intern through their technical college program. Consortia asked to hear more about that at May IMOA meeting.
- Discussed issues and process related to consortia changing lobby hours, CCA hours or FS on demand hours. Consortia indicated openness to creating a process which includes: a checklist for their use, guidelines on lead time for implementation, and information on where to send their update information. DHS will bring back at future meeting.
- Heard an overview of the Safe at Home program implementation and implications for IM agencies from Erin Welsh of that program and Julie Taylor of DHS.
 - Discussed need for release of information agreement to be in place with the program
 - Discussed process and need for putting case into confidential status

- Asked for clarification on how Safe at Home will support fair hearing representation if needed
- Asked that future IMOA topic revisit roles of CARES Coordinators and Policy Coordinators in context of new CARES Call Center communication tracking tool. Confirmed with Becky David that existing communication authority has not changed.
 - Part of next IMOA discussion will include sharing around use of consortia common mailbox
- Requested update on status of EBD LTC handbook issue list. DHS received and is determining appropriate forum for addressing.
- Identified possible focal topics for the May meeting as:
 - Drug Testing Implementation
 - Workload Management Tools Revisited
 - New GAP Filling Process – Consortia Sharing
 - BRITS Overpayment Use – Consortia Sharing
 - Electronic Residency Verification Update
- Technical College Progress on Curriculum Design – Intern Program at Western

Performance Monitoring

The Performance Monitoring subcommittee met on March 14. At that meeting:

- Donna King and Raquel Berkshire demonstrated how to appropriately work a SWICA discrepancy. A live demo will be recorded at a later date. Consortia will follow-up with additional feedback on live demo content.
- Tjeng Her provided an update and “mock-up” of the IMMR Discrepancy Timeliness Report. The release of the report slated for March 2018 has been delayed.
- Diane Ellis presented a “Case Action Review” page that would require a worker to check a box acknowledging appropriate action taken on particular error elements on the case. A potential pilot was suggested to determine effectiveness.
- Lisa Hanson led a brainstorming session on ideas to decrease FoodShare active error rates.
- Steve Fitzsimmons provided Electronic Residency Verification (ERV) data results. Further ERV discussion will take place at IMOA.

TAPP

The Technical Assistance Policy & Procedure subcommittee met on February 23. At that meeting:

- Angela Walters demonstrated the FNS CAP Phase II project changes for the March 2018 release.

The IMAC TAPP subcommittee met on March 9. At that meeting:

- The system leads for the March release projects provided a status on the post production release and issues identified of the following projects:
 - IMWT – add documents to the Dashboard
 - Moving MF letters to CWW
 - Affordable Care Act Phase I
 - FNS CAP Correspondence Phase 2

The IMAC TAPP subcommittee met on April 13. At that meeting:

- DHS opened the floor for questions or clarification(s) for the Maintenance List sent to the group on April 9th. There weren't any questions.

Workgroups

BRITS

The BRITS workgroup met on March 21. The topic of the meeting was to hear feedback, issues and suggestions from each consortium. These issues will then be raised with the state BRITS workgroups and staff.

- The main issues were:
 - There are clocking, slowness and time-out issues reported by all consortia. Milwaukee reports it is not as bad there. It was noted that agencies should contact the DCF Service Desk as soon as possible when time outs occur.
 - Would still like mass re-assignment capability. Would be a big workload and time saver
 - There are continued issues with referrals from other programs that need to be looked at but turn out not to be worth investigating.
 - Need better capacity to invalidate referrals.
 - Would like to see continued workload dashboard improvements.
 - Need better views: For referrals created and waiting to be assigned. Can only view by created date. Also want to view by worker or county to see who is assigned which referrals.
- Discussion about different processes being followed by program and by agency in terms of when referrals should be done. There was also discussion about this at a Performance Monitoring meeting.