



Department of Human Resources Division of Family and Children Services

Childcare and Parent Services Section

Business Process Reengineering Project New Business Model

Prepared by



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SECTION 1 – EXECUTIVE SUMMARY

1 OVERVIEW

The following constitutes the Business Process Reengineering (BPR) Team's deliverable to the Georgia Department of Human Resources (DHR), Division of Family and Children Services (DFCS), Childcare and Parent Services (CAPS) Section, representing the conceptual definition and design of a new and improved CAPS operational business model, including supporting automation requirements. This document presents:

- A summary perspective of the CAPS BPR Project history;
- Findings of the current environment (or “As Is”) discovery process and barriers analysis;
- Principles of the new (or “To Be”) CAPS business model;
- Descriptive elements of the business areas representing the new model;
- Critical success factors for moving forward with implementation;
- The importance of calculated organizational change management; and finally
- Automation requirements for development of the appropriate technology to support the new business model.

1.1 APPROACH

The contents of this deliverable were developed based on the activities, analyses, and conclusions of the CAPS BPR Team. Four (4) steps represent the Team's achievements toward realization of a new CAPS business model. These include:

Step One - The BPR Team reviewed and gave close scrutiny to the “As Is” project findings. Validations of discovery efforts were recognized through facilitation of a CAPS Case Managers focus group session. The Team was able to identify and concentrate efforts on those organizational processes that must be reengineered in order to support a new, more modern approach to providing child care services.

Step Two – The BPR Team conducted a series of exercises detailing mission critical operational functions, from entry into the program through all aspects of



program administration. The Team focused these efforts with an emphasis on efficiency by answering the following operational questions:

- “*What has to happen?*”; and
- “*How should it happen?*”.

Step Three – After developing an understanding of what the new business model process alternatives and solutions can and should look like, the BPR Team was able to move forward with defining them within the necessary functional areas of CAPS program administration. Time was also dedicated to strategic planning for implementation and the organizational impact of implementation.

Step Four – Throughout the process of documenting a new CAPS business model, The BPR Team collected automation requirements for the development of a single, uniform system supporting all aspects of program administration.

1.2 SUMMARY

The specific challenge for the BPR Team was to build a new business model that provides streamlined processes for program administration that are practical, flexible, efficient, and most importantly, focused on customer needs and the delivery of exemplary child care services. The objectives were to build a model that:

- Meets the goals established by the CAPS BPR steering committee;
- Adequately addresses philosophical and operational barriers to success; and
- Support the appropriate technologies and automation to maximize the efficiency and integrity of program administration.

The BPR study was not intended to be a vehicle for reinventing the CAPS Section. However, the focus was on improving the program’s operational or process components, enterprise-wide. In order to support the new model, the BPR Team targeted certain areas for redesign. They determined that the processes to be reengineered are those related to *how* CAPS operates and that these processes fall into five (5) primary Business Areas:

- Customer Services;
- Provider Services;
- Program Support;
- Program Integrity; and
- Utility Processes.



In all, sixteen (16) core operational processes supporting these Business Areas were reengineered and are documented here by the CAPS BPR Team.

The new business model features easy-access customer service for Georgia's citizens and child care providers through a practical "Call, Click, or Come by" operational methodology. Telephone and/or Interactive Voice Response (IVR) systems offer solutions for "Callers". Internet opportunities and on-line, automated support satisfy access to the program with a "Click". Finally, if a customer or provider is compelled to personally meet with a CAPS representative, he/she is welcome to "Come by" the local DFCS office, as necessary. This approach to service delivery supports a business model that is entirely customer focused and involves the redesign and streamlining of current processes that are mission critical to that end. Additional features of the new business model include, but are not limited to:

- Availability of Internet and/or IVR Eligibility Wizards;
- Elimination of the inquiry process and use of the waiting list as a true budgetary tool, rather than a workload management tool;
- Statewide budget allocation processes replacing individual County funds management practices;
- Elimination of mandatory face-to-face interviews;
- "Periodic Reviews" of eligibility in place of "Recertification Processes";
- Uniformity within program administration and training processes;
- Elimination of the need to rely on UAS codes;
- Elimination of manual support processes for tracking activities; and
- Outsourcing of *all* Provider services.

The BPR Team was able to decipher what is not working well within the current business model, and they were able to use this information to identify and define many of the operational barriers that are responsible for the current state of CAPS administration. In order to successfully implement a new, more effective business model, the Section must address a number of critical success factors. A critical success factor is an element that, if missing, is likely to seriously deter success. Some of the most important critical success factors for the implementation of the new CAPS business model include:

- The overall level of commitment and leadership from management;
- The acquisition of robust automated support;
- The appropriate interfaces to legacy systems;



- An effective Change Management Plan (CMP);
- Continuous, two-way communication with staff;
- New and ongoing system training;
- New and ongoing program training; and
- The Development of strong relationships with strategic partners.

Nothing less than a total commitment to managing the project's critical success factors will allow for a successful implementation of the new CAPS business model.

1.3 CONCLUSION

The BPR Team reviewed strategies for initiating an organized approach to moving forward with the actual implementation of new business processes. Specifically, the Team evaluated the challenges of conducting a successful Change Management campaign. The intent was to help ensure that the momentum and enthusiasm generated from the CAPS BPR study will be sustained for future efforts. The BPR Team committed themselves to laying the groundwork for implementing the new business model by identifying common challenges and potential barriers for the future Change Management Team (CMT). This included considerations for organizing resources, defining objectives, and clarifying direction, roles, and responsibilities concerning "*next steps*".

Organizational or enterprise-wide changes required from the new business model cannot happen overnight. The importance of securing properly designed and adequately tested automated support cannot be overstated to implement these changes. However, implementing and successfully managing organizational change of this magnitude within an organization such as CAPS, which operates within multiple layers of authority is critical to realization of the new CAPS business model.



SECTION 2 – BACKGROUND

2 BACKGROUND

This document represents the culmination of the Team's extensive efforts on the BPR Project. It is the second of three deliverables for the Georgia Childcare and Parent Services (CAPS) Section's Business Process Reengineering (BPR) Project.

The CAPS Section felt it was imperative to conduct a BPR project as a precursor to issuing a Request for Proposal (RFP) for a robust childcare system. This section is meant to provide the reader with an overview of the historical perspective of the project and the approach employed by GovConnect for the BPR effort.

2.1 HISTORICAL PERSPECTIVE OF PROJECT

The Georgia Department of Human Resources, Division of Family and Children Services (DFCS), CAPS Section has experienced a rapid and dramatic expansion in the demand for child care subsidies. The program "explosion" in CAPS, due to exceptional population growth within the State and Welfare Reform initiatives, has challenged the CAPS Section to provide robust services without sacrificing levels of customer care. Unfortunately, this growth has not been supported by the solutions necessary, neither technical nor procedural, to ensure administrative efficiency or accuracy. In fact, most counties continue to manually complete required documentation and calculations, which can result in inconsistent or inaccurate policy interpretation and benefit administration by staff.

Section leadership recognized the need for redesign of business policies and procedures that define service delivery and contracted with GovConnect to assist with the Georgia CAPS BPR Project. The expressed goals of the project were to redesign the business processes and systems within the CAPS Section to improve customer service, caseload management, workload management, collaborative efforts and efficiency of operations and to simplify provider enrollment and payment processes.

It is very difficult for government to keep pace with the private sector in providing leading edge customer service. This is not because government has little desire to provide good service. It is largely because the structure of government demands that internally driven change happen slowly and deliberately. Even the most forward-thinking agency executives are subject to cumbersome planning, budget approval, and procurement processes. Often plans that are innovative



and leading edge are run-of-the-mill or even outdated by the time they come to fruition. Yet the public's expectation for government to keep pace with the private sector continues to grow. Electronic transactions are an everyday occurrence with most customers. They obtain credit card and bank account balances, make reservations, and purchase goods routinely by pressing numbers on the telephone dial pad or with a click of a mouse. They do not willingly accept that government cannot provide the same level of service.

Even when government seeks to make improvements that do not require capital expenditures, managers are challenged. The demands of the day-to-day duties often preclude managers from being able to take the time to assess the manner in which business is conducted and to work with others within the organization to seek significant improvements. Projects such as this one are islands in a sea of good intentions and unrealized incremental efforts at real change. For the most part, reengineering is undertaken with great organizational sacrifice. The CAPS Section's commitment to the BPR Project was evident throughout the life of the project. The Section remained staunchly behind the BPR effort in the face of significant adversity in establishing a Project Team with representation from the State and County levels.

The GovConnect Team consisted of four Team members with expertise in BPR facilitation and documentation, functional and program knowledge, technical skills, conceptual and technical design, change management and procurement services. GovConnect worked in close partnership with the CAPS BPR Project Team, comprised of staff from State and County offices. Appendix A provides a list of BPR Team Members. The Project Team committed three days per week to the effort of participating in activities of the project. They have worked tirelessly to investigate existing business processes and practices, and they have worked diligently and earnestly to develop a model for a better way of doing business.

The Team also received guidance at critical points in the project from the BPR Steering Committee, comprised of a rich cross-section of staff representing all organizational levels (both at the State level and County), functional areas, and geographic areas. The Steering Committee provided valuable input and direction to the Team as it began formulating ideas about a new and better way of doing business for the CAPS Section. The goals the Steering Team established at the onset of this project and the counsel they provided were uppermost in the minds of the Team as it began to finalize the recommendations contained within this document. The contribution of the Steering Committee is gratefully acknowledged and appreciated. A list of the Steering Committee members is found in Appendix B.



2.2 APPROACH

The GovConnect BPR methodology is one of progressive discovery. Team members are assisted in changing their outlooks from what they believe they know about the agency and its method of doing business to what really happens day to day. The challenge for team members is to be able to redesign their own paradigms about the business model based upon information gathered during discovery.

The high-level GovConnect approach to BPR includes the following tasks:

- Understanding the Current Business Model;
- Identifying Core Processes for Redesign;
- Developing the New Business Model;
- Analyzing the Gap Between “As Is” and “To Be”;
- Identifying Enabling Technology; and
- Preparing for Change.

Before the task of identifying and redesigning processes, the Team members were led to analyze current business methods in terms of their efficiencies and effectiveness. Additionally, they looked for hidden costs and “sacred cows,” or protected areas that rob the agency of critical resources. The Team then identified the barriers in the current environment to meeting the following objectives and goals defined by the Steering Committee:

- Simplify Service Delivery;
- Improve Access to Services;
- Improve Efficiency in the Delivery of Services;
- Facilitate Communication Among All Partners;
- Leverage Automation; and
- Strengthen Program Integrity.

Inherent to the project goals is the need to analyze existing processes and identify those with redundancy, overlap, and excessive handoffs. In addition, barriers to implementing a new model, such as communication and lack of training must be revealed. The purpose of the study as outlined in the Statement of Need is to effectively address the following:



- Examine all components of the CAPS program's delivery of services, including processes and procedures, in a cohesive environment;
- Perform an evaluation of current business practices and make recommendations for retaining or modifying practices as appropriate;
- Identify best practices for implementation;
- Make recommendations of products in the marketplace that would be appropriate for the needs of the CAPS Project;
- Provide assistance in writing and incorporating recommendations made into an RFP;
- Ensure that the strategies developed are in compliance with CAPS Federal and State policies and procedures, and effectively capture Federal and State reporting requirements; and
- Evaluate the CAPS BPR Team Charter and make recommendations for modification, as appropriate.

Once the discovery phase of the project was complete, the Team was able to develop a conceptual model that leveraged best practices that emerged from within the Section and the current technology available in the marketplace to meet the objectives and goals defined. The conceptual model was then presented to the project's Steering Committee. Following that meeting, the Team honed the model to reflect the Steering Committee's input. Once the model was refined, the Team developed standardized business processes that support the model. The focus of the Team was to streamline or redesign processes to achieve excellence in customer service and provide an increased level of internal support for many of the common business functions. The new model emphasizes leveraging technology and aligning automated support with the State Portal Strategy to ensure simplification of processes, improved efficiency in service delivery, improved customer access, strengthen program integrity and to facilitate communication among all partners.

The following sections provide an overview of the findings during discovery and the development of the new business model.



SECTION 3 – THE FINDINGS

3 FINDINGS ABOUT THE AS IS

In a reengineering effort, it is generally not sufficient to simply be aware that there are widespread inefficiencies, it is important to understand how business is currently conducted and the reasons that it is not operating at its optimum. Therefore, the Team spent the first several weeks building the current business model and assessing its effectiveness in meeting the Section's goals as determined in the Steering Committee kickoff meeting.

3.1 CURRENT ENVIRONMENT

The discovery phase revealed to the Team that the Section has significant strengths in its business methods. The Team was compelled to acknowledge that with the possible exception of leveraging automation, the business objectives identified as project goals for a new model are, in fact, the same as those which staff at all levels strive daily to achieve. The CAPS Section and partner agencies and Sections work diligently to serve the citizens of Georgia. It became apparent that the individuals working in the CAPS Section enjoy their jobs and feel like they provide valuable services to their local community. Their defining goal is to serve the needs of their customers, which are low-income families (often single parents) who are in need of child care for their children to allow them to participate in activities to further their self-sufficiency, such as school, training, job search, and employment. There are also areas in which the Section recognized the need for improvement. The charge to the Team was to keep what was valuable and to reengineer where processes were inefficient.

The first stage of the BPR Project required that the Team examine thoroughly the Section's current business practices and their impact on achieving the goals identified in Section 2.2. The Team evaluated dozens of program and administrative activities and processes.

The Team determined that it would be most effective to employ a multi-pronged approach to understand both the formal and informal organization of the CAPS Section and to analyze current business practices. The Team conducted the following activities to fully gather input from all perspectives and organizational levels within CAPS and their partners:

- State Level Interviews;
- CAPS Section Focus Group;



- County Staff Interviews;
- Shadowing Activities;
- County “Walk-Through” Interviews (Supervisors and Case Managers);
- CAPS Case Manager Focus Group; and
- Project Team Debriefings (“As Is” Discovery, and Definition of the “To Be” Model).

3.2 BARRIER ANALYSIS

It became clear to the Team, as it reviewed the many existing business activities, that there is a need for significant change throughout the day-to-day operations in the CAPS Section.

During the BPR study, Team members and participants expressed concern about problems that inhibit effective administration of the child care program. For many of the situations, immediate, easily implemented solutions or “Quick Fixes” were offered. These solutions were presented so that the CAPS Section managers and other DFCS managers could consider them for implementation. The term quick fix does not imply immediate remedy. Rather, the implications are that given priority and a moderate level of resources (people and/or funds), these suggestions could be accomplished within a reasonable amount of time and provide relief to those in need until a new model with its automated support could be implemented. No attempt was made to determine cost or complete a cost/benefit analysis. The Quick Fixes identified were:

- Ensure that manuals and appendices are available on the Internet (complete as of 7/1/02);
- Update MAXSTAR™ provider manuals (in progress);
- Provide periodic peer support opportunities for case managers;
- Provide universal passwords for access to SUCCESS;
- Provide cross training for CPS and CAPS staff;
- Provide basic PC and e-mail training; and
- Engage case managers in policy development.

As the BPR Team traveled to county offices, several individuals mentioned local practices that allow them to function in a more effective manner in the current environment. These were recorded as Best County Practices.



These practices represent effective coping strategies that various counties and their staffs have developed. They were presented as mechanisms other county offices may wish to consider to assist in administering the child care program in the current environment. They include:

- County specific child care brochures;
- Separate interviews for customers and providers;
- Dedicated claims managers;
- Claims screening;
- Change notification to the Metro Change Center;
- Color-coded forms;
- Correspondence templates;
- Provider participation monitoring;
- Extended hours for customer convenience; and
- Integrated caseloads and case files.

Once all of the interviews were analyzed, processes were identified and the “As Is” business model documented, the Team took time to consider why the goals of the BPR project are not currently being met. The Team compiled a list of barriers that essentially prohibit the effective accomplishment of the goals in today’s environment. The Team’s list reiterated what we heard from the many individuals who answered the question, “What does not work well?” In the barrier analysis, the Team was asked to drill down past just identifying the barriers to discuss their causes and implications. It is interesting to note how interconnected these barriers are. A discussion of one almost inevitably leads to another as one of the root causes.

Although not all of the obstacles are process related, the Team’s findings regarding the barriers to meeting the project goals formed the basis for development of the new model. The following were given primary consideration:

- Lack of Training - There is a need for more consistency concerning CAPS Section training policies, methodologies, and initiatives. The length of CAPS New Worker Training is an issue. Unlike the related programs’ new worker training sessions, CAPS training is condensed to the most essential information and lasts only a few days. There is currently no dedicated training staff for the CAPS Section, policy and field consultants conduct the training. The current training approach has some workers on the job for months before getting basic program training and inadequately addresses on-going training needs, including basic computer training.



- There also appears to be a communication gap in disseminating information in regards to the training available. Training is offered, but the information is not reaching the targeted audience in all instances.
- Conflicting Philosophies Within the Program - A general misunderstanding of what program “flexibility” means exists in the current environment. This allows some counties to operate well outside program rules while others beg for “black and white” policy. One of the obvious barriers to change is the desire among staff to remain autonomous contrasted against the need to streamline processes.
 - Inadequate Communication - There is strong consensus that communication barriers exist within all levels of the CAPS program administration and between partner Sections and agencies. There is a perception that communication is a one-way street with CAPS communicating out, but other sections and programs failing to reciprocate.
 - Lack of Process and Procedure Uniformity - The BPR study revealed a highly complex maze of manual processes that lack uniformity and are overloaded with redundant tasks. The BPR Team discovered that nearly every county has its own methods of performing everything from staff deployment to accounting for claims payments. Creativity and flexibility can often benefit the work performed by veterans of the CAPS program. However, this flexibility can compound problems and processes for new or less experienced supervisors and case managers.
 - Lack of Support for Budget Management and Planning - A lack of adequate support for local offices in the area of budget management and planning appears to keep some counties guessing about fund availability and sometimes leads to requests for additional monies due to over expenditure of funds.
 - No Universal Use or Understanding of the Waiting List – It appears that there is no universal understanding of the true intent for the program’s “inquiry process” and “waiting lists”. There is little confidence that these tools are currently being used effectively and seldom are they accurately tied to the county office budget status. In some cases, CAPS waiting lists are unconsciously used as a workload management tool.
 - Limited Number of Ways to Access Child Care Services – There is limited access to child care benefits due to an “appointment to apply” mentality, funding limits, priority setting, and traditional 8:00 a.m. to 5:00 p.m. office hours.
 - Programmatic Policy and Operational Silos - Programmatic silos exist that foster proprietary information gathering, isolate child care case managers,



- and erode customer service levels. The programs are really interdependent, but there is no consistent, organized method of communicating and little, if any, teamwork concerning policy development. While separate sections are not in and of themselves barriers to change, lack of communication and collaboration is.
- Lack of a Career Path for Child Care Case Managers – Current staffing philosophies and practices appear to effectively close the door on a case manager career path within the child care program.
 - Inadequate System Support - Currently, there is no single system available to manage all CAPS activities (i.e.: case management; provider invoice processing; reporting; budget management; communications; and oversight). Inadequate system support is an issue for all counties, even those counties benefiting from the use of the CAPS' application, MAXSTAR™. Counties continue to manually duplicate many of the functions performed by the system due to distrust of the system and slow response times. The BPR study revealed for related case information, case management and maintenance, the CAPS county staff primarily screen-print information from related program's systems. Lack of robust automated support has led to development of a host of coping strategies, including a proliferation of county developed forms, automated tools and manual logs for tracking.

Many of the barriers identified are complex in nature and are complicated by cross-organizational dynamics; however, these are the matters that impede the effective administration of the child care program at both the State and County level. They are the topics that have led the CAPS Section to seek a better way of conducting business.

While the focus of business process reengineering is process and not policy and relationships, as the BPR Project Team moved forward, it was challenged specifically to build a new business model that provides a streamlined method of program administration that is practical, flexible, and removes or deters the hurdles. The objective was to build a model that not only meets the goals established by the Steering Committee, but one that adequately addresses philosophical and operational barriers.



SECTION 4 – NEW BUSINESS MODEL

4 DEVELOPMENT OF THE NEW MODEL

Important insights were addressed during the BPR project including:

- Recognition of the control that historical paradigms have on an organization;
- The organizational impact of human response to change;
- Recognition of the hidden costs inherent in a labor-intensive, paper-based environment;
- The extent of the need for and existence of manual tools for accomplishing tasks in the current environment; and
- The impact of perceptions of vastly diverse charges that can exist within a single business enterprise and the impact those perceptions can have on business approach and decision-making.

GovConnect's philosophy concerning reengineering in the government setting is to incorporate what works and makes sense into a new business model. The Team was neither interested nor saw any need to use the blank piece of paper approach. They did see, however, the need for substantial changes to streamline processes and to optimize service delivery.

At the outset, it was clear that the Team wished to look at any process or entity that could directly or indirectly affect customer service to determine where change could and should occur. While nothing was considered off limits, the Team chose to focus on processes with the largest impact on customers, providers, partners, and County CAPS staff.

The work of developing the new business model really began during the discovery activities in defining the "As Is" model. The Team kept a running record of items members felt needed to be addressed in the new model as well as best practices and potential areas for innovation and automation. Thus, the new image began taking shape in the minds of the Team very early on.

When the Team was asked to begin sharing its vision of the new model, there was an immediate synchronization of thoughts. The discussion began to draw a picture of a better way to deliver service—to provide an unexpected level of service—to the public that the Section serves. It is a portrait that strives to facilitate optimum business practices.



4.1 DOCUMENTATION OF BENCHMARK “BEST PRACTICES”

The Team conducted extensive research into the child care programs of other States. Not surprisingly, members found that the most significant “Best Practices” were found in program policy with few process-related “Best Practices.” In at least one area of administration, the registration of informal providers, Georgia, itself, enjoys the status of having a “Best Practice.” Other States often contact the program staff seeking direction about how CAPS regulates informal providers. The team discovered that most States, like Georgia, have experienced tremendous growth in the child care program. With a high rate of growth, the state administrators are doing all they can to keep their heads above water. Many are just now looking at automation and process-related issues. Nonetheless, the Team considered the following innovations as “Best Practices”:

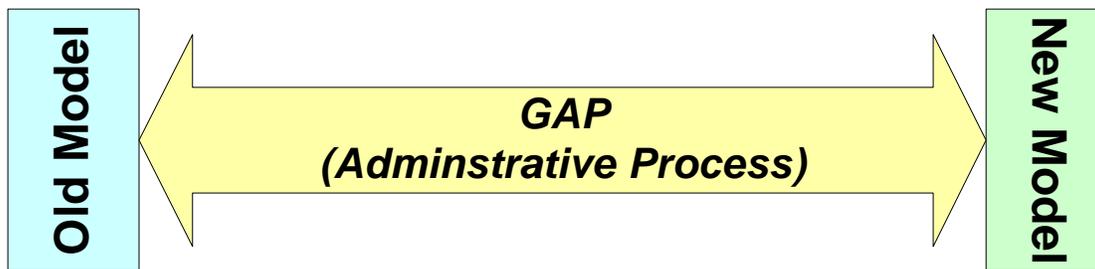
- Automated eligibility wizard available on the Internet. Customers can enter information such as family size, number of children needing care, and income to determine if they are potentially eligible for services.
- Internet enabled applications. Customers begin the application process by submitting information over the Internet with child care staff following up as necessary.
- Encouragement of quality child care with a “Gold Seal” program. Child care providers who maintain excellence in care of children are entitled to higher payments than other providers.
- Simple 5-Star child care rating system to assist customers in choosing quality child care. Child care providers are rated based upon a number of criteria that together produce a score of one to five stars.
- Partnership programs that match State money to contributions by local businesses for families with incomes up to 200 percent of the federal poverty level (FPL). Local businesses and not-for-profit agencies subsidize State dollars and allow for greater participation in the child care program.
- On-line “childcare finder” database to locate child care facilities. A search feature allows a customer to enter an address or zip code and find child care providers near his home or place of employment.
- Toll-free number to assist in locating child care providers. Interactive voice response (IVR) systems allow customers to enter a zip code and receive a listing of nearby facilities.
- A one family, one worker concept that provides a family worker rather than a program worker. A single caseworker is responsible for all assistance



received by a family including Food Stamps, TANF, Medicaid and Child Care. Integration is accomplished by development of a single case file and integrated automated support.

4.2 GOALS FOR NEW MODEL

Several organizational deficiencies were identified before the actual redesign effort. The Team recognized that organizational and operational stovepipes within the Division of Family and Children Services had created a web of complexity around all types of business functions, processes, and procedures. In addition, duplication and redundancy contributed further to the complexity. These conditions are costly to the Division in terms of hidden costs. By approaching business from a new perspective, the Team was able to divorce itself from traditional thinking. The following picture illustrates the level of gap between the current model and the Team's ideal for a new business model.



ADMINISTRATIVE PROCESSES CREATE BARRIERS TO EFFECTIVE DELIVERY OF SERVICE

Figure 4-1

According to Armand Feignbaum, a recognized expert in Total Quality Management, "Quality is what the customer says it is." The Team took the approach that the new model should be customer focused and should provide an outstanding level of customer service. It should eliminate customer guessing about when services might become available and make access to the program simple without it becoming a customer's full-time job.

The Team was able to clearly articulate concepts that members wanted to include in the model that expanded and further defined those goals that the Steering Committee set for the project.

These examples and the "Best Practices" listed in the preceding section became the core principle the Team incorporated as it began shaping a model for a new way of doing business that has the potential to dramatically and positively impact CAPS.



The core principles valued both inside and outside of the agency include:

- Elimination of mandatory face-to-face interviews;
- Information entered one time and shared with others, such as related program case managers, without re-entry;
- Elimination of paper “floating” through the office;
- Automated, electronic triggering of correspondence, alerts, ticklers, and calendars based on pre-programmed business rules;
- An “open” system that allows access for many of the Section’s partners;
- Replace annual recertification with periodic reviews of eligibility;
- System that downloads information to common off-the-shelf software such as MS Office Suite;
- Uniform processes;
- Uniform notices and certificates;
- Interface access to related case information from other systems;
- Rule-based automation that really supports the business and does not drive it;
- Ability to interact with CAPS via secure Internet transactions;
- Outsourcing of all vendor management and payment functions; and
- Permissions that allow information to be accessible to those with a need to know and secure from those without a need to know.

With consideration to these guiding principles, the Team adopted the following view of how the new model should operate:

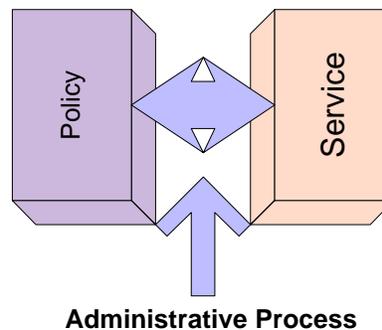


Figure 4-2



4.3 OVERVIEW OF NEW MODEL

The new model is not dramatically different in terms of the CAPS Service Model, or *what* CAPS does. What is vastly different, and improved, is *how* CAPS operates—the Business Model.

At the heart of the new model is a Robust Childcare System (RCS) that provides extensive automated support for all aspects of CAPS activities. CAPS staff will enjoy full-scale case and vendor management capabilities. The system will be open and provide additional functionality for use by CAPS partners such as Child Care Licensing (CCL) and the Office of Investigative Services (OIS).

The following diagram depicts the Team’s view of the tool to support the new model.

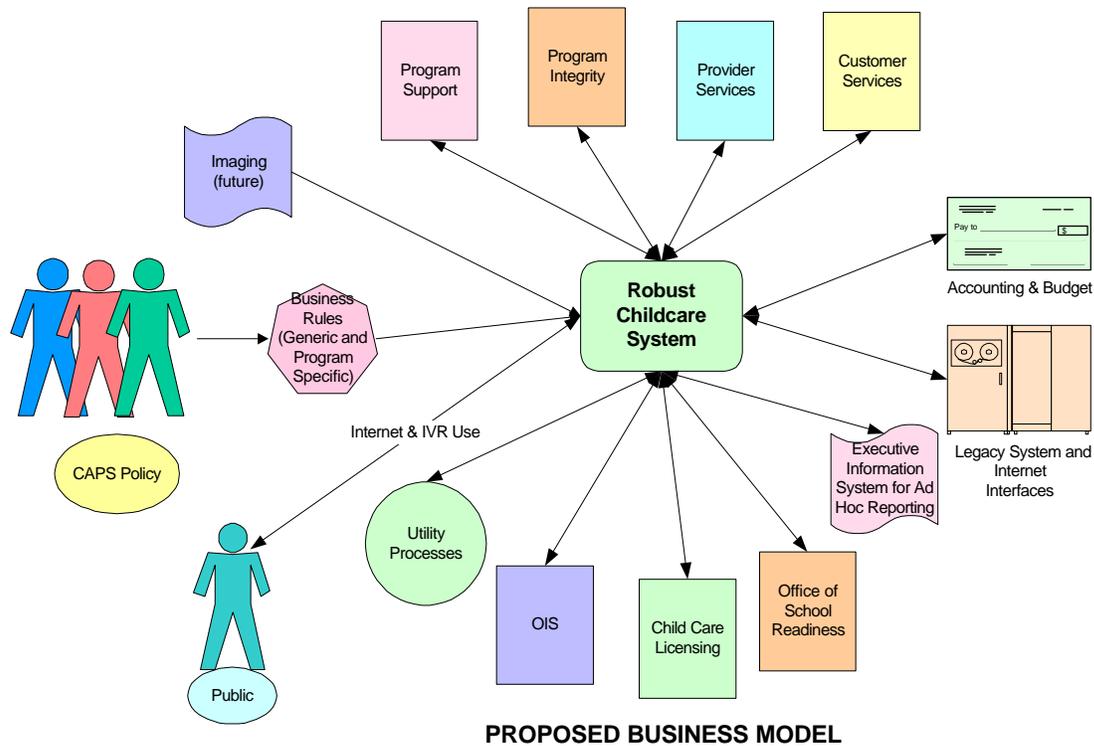


Figure 4-3



The new model features easy access to services with a practice of “call, click or come by” to apply. Applicants can gain access to service in a variety of ways. An eligibility wizard allows customers to determine their potential eligibility for services. The wizard is accessible by telephone via an IVR system or on the Internet. Applications can be initiated over the Internet through a secure web site. Those who choose to do so may also stop by the local DFCS office and submit a paper application.

Other features of the new model include:

- Customer service focus – The desire to make it simple with easy access for the customer drives all aspects of the new model.
- No mandatory face-to-face interview – Customers will not routinely be required to visit the office for an interview, a requirement that in the past has frequently caused customers to take time off work. With approximately eighty percent of the CAPS customers already known to DFCS through other programs, the model has no need for mandatory visits to the DFCS office.
- Customer driven contact – Customers will determine when they need in person contact with the case manager.
- Bi-lingual correspondence – System generated correspondence will be available at a minimum in English and Spanish. Other languages could be added as warranted necessary by CAPS or DHR.
- Submission of verification through the mail – Customers will be encouraged to submit verification through the mail or other means that are convenient to them.
- Statewide allocation of dollars replacing County specific allocations – With full automation, the new model supports a movement away from County allocations. A single statewide budget allows more flexibility in spending program dollars and removes County competition for available funding.
- Replacement of annual recertifications with periodic reviews of eligibility – Elimination of certification periods allow more flexibility in managing workloads. Reviews can easily be adjusted to maintain a more constant workflow.
- Open automated system – System support for other Divisions and Sections will facilitate the use of a single system solution for many of the activities that support the child care programs. Child Care Licensing (CCL) will have support not only for registration of informal providers but fully functioning licensing support for all types of provider licensing,



monitoring and registration. The Office of Investigative Services (OIS) will have use of the system to recalculate benefits and establish claims.

- Elimination of the inquiry form and the process supporting it – Inquiry forms are replaced with the application. This change eliminates any confusion that may exist with customers who believe they have applied for services when, in fact, they have only submitted an inquiry form that puts them on a waiting list. Even when they are told succinctly that the form is for inquiry only and they will be placed on a waiting list, customers develop an expectation that they will soon get benefits.
- Eligibility wizard – A web site will enable users to “self-screen” and decide if they want to apply for CAPS. Those that do want to apply can apply on-line.
- Use of the waiting list as a budgetary tool not a workload management tool – The waiting list is developed from applicants who are determined eligible but for whom no funding is available. The waiting list is a statewide list that is stored chronologically. When funds become available the family who has been on the list longest is served.
- Integrated workers – Robust automation and sharing of information with other legacy systems allows an opportunity to move toward a one family, one worker concept. Integration removes many of the communication issues that plague the current environment.
- Development of a uniform method of inter-County case transfers – A standard process for transferring cases between counties eliminates duplication of effort, and State allocation of money removes the traditional tug-of-war over transfer dates.
- Elimination of UAS codes – System support means that Federal reporting can be accomplished by defined categories of eligibility eliminating the need to use accounting codes to delineate expenditures.
- Uniformity – Core processes are uniform and supported by automation. Much of the paper-driven activities such as screen printing information from SUCCESS and adapting State forms to meet the case manager’s need will be eliminated.
- Standard, functional notifications and letters available on-line as templates – The use of templates and standard notices with free-form text options eliminates the need for “cut, paste, and copy” versions of letters and forms.
- Outsourcing of all provider services – Every aspect of provider management from registration, to compliance with all program



requirements, to civil rights compliance, to invoicing and payments will be handled by third parties. Registration and compliance is seen as an expanded role for CCL. Invoicing and payment services would be provided by another vendor.

- Deliver services in the most cost-effective manner – Redundant and paper-driven activities that contribute to hidden costs are eliminated.
- Uniform numbering system – The RCS assigns case numbers in a uniform manner. Individual County numbering systems are eliminated.
- Eliminate redundancy in common business processes – Streamlined processes replace those with many steps and great complexity.
- Transition of operations to a paperless environment – The only paper that is stored is the signed application form and copies of verifications that are provided by the customer. Eventual implementation of electronic data storage allows for a paperless office where the only paper required is that which goes out the door.
- Eliminate need for manual logs and tracking tools – Robust automation provides support for tracking and logging information and events.
- Support for case accuracy reviews – Most of the information necessary to determine case accuracy is located on-line, providing easy access for supervisors. In addition, system support assists in documenting deficiencies and tracking case manager responses.
- Allow routine correspondence to generate without human intervention – Notices of action are generated by the system and mailed from a central location with exact duplicates stored in the system for easy referral by case managers.
- Uniform and timely training – Consistent, well-delivered training for new case managers is conducted at regularly scheduled intervals that allow access within acceptable timeframes. Contracts with third-party vendors ensure proper resources are allocated to the training effort. The use of web-based training to provide policy reinforcement and to train on small policy or system changes ensures access to necessary information without case managers leaving their offices.
- Support the need for County and Section managers to get and use information from the RCS – Ad hoc reporting capabilities will allow managers to generate reports on a myriad of subjects from their desk tops. Reports will be viewable on-line.



- The impact on the customer will be profound and positive – Customers will experience more convenience and ease in obtaining and retaining child care services.

In the new model, the application flow is streamlined and simplified. The following chart depicts the client flow in the proposed model.

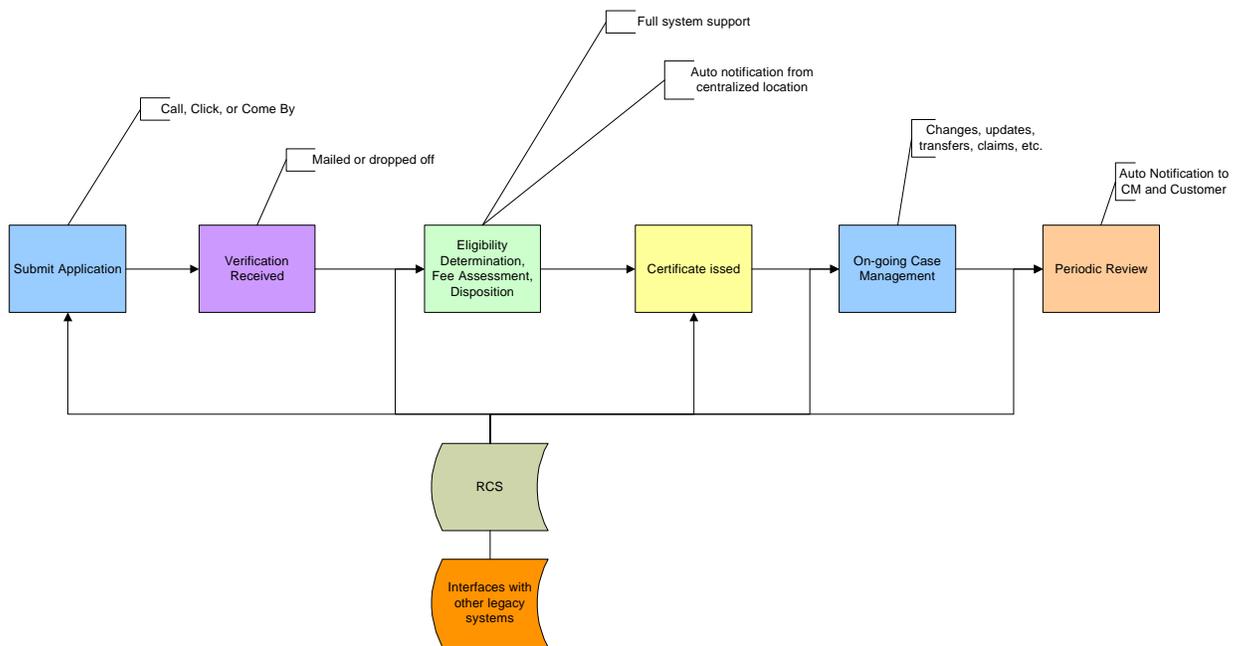


Figure 4-4

A side-by-side comparison of the current environment and the new models is found in Appendix C.

4.4 IMPLICATIONS AND IMPACT OF THE NEW MODEL

In some ways the impact of the new model is minimal, in others enormous. The organizational structure has remained untouched. There was no mandate and no need to turn CAPS on its ear. However, the intensely manual system currently in place lends itself to a large-scale overhaul.

Many of the values in place now among child care staff will be replaced. There is great emphasis on flexibility. That flexibility has evolved into county-by-county preference. Counties are comfortable with interpreting policy and making their



own rules about how the program is operated. Much of that discretion is lost with the new model. Processes are defined and streamlined, and much of the policy is embedded within the automated support.

Nearly every county currently has a waiting list. Individuals who contact the local DFCS office requesting child care assistance are routinely given inquiry forms to indicate interest and gain a spot on the waiting list. The new model's removal of the inquiry form means that county staff must process applications and determine potential eligibility before the customer goes on a waiting list.

The DFCS experience with automation has not been entirely positive. Early problems with MAXSTAR™ and ongoing problems with SUCCESS rightly leave staff skeptical of automation. Couple that distrust with a ten-year tradition of paper driven manual processes and one can easily see that going from a totally (or nearly so) manual system to a nearly totally automated system will resonate to the core of the program.

4.4.1 ADVANTAGES

Dramatic improvement in both customer and user satisfaction is anticipated once the new model is fully implemented. Some of the advantages of the new model are:

- Uniform processes mean that many people are doing their work in the very same manner. It is important in any process that those who use it constantly look for better ways of working. Even in the new model with its streamlined processes, it will be important to challenge the processes to be better and better. With many people using exactly the same process, continuous process improvement (CPI) is fostered and more easily accomplished.
- Standardized processes allow for ease in automation. It would be very difficult to sufficiently automate the Sections' current processes with their many variations. The new more streamlined processes can be well supported by automation. In addition, standardization allows for more ease in managing and supervising staff activities.
- Overall, customer service will be improved. Eliminating the child care program's inquiry form and allowing access via the Internet are two initiatives that will directly affect customers. Mandatory in-office interviews also have been eliminated making contact with the agency a customer driven event.
- The call, click, or come by approach to filing applications means improved access to the child care program.
- There is great potential to serve more Georgia families under the new model particularly if the Section is able to simplify its fee schedule. The current



method of assessing no fee if the family receives TANF or assessing minimum fees if the family receives Medicaid or Food Stamps leaves families who do not receive those benefits (even though they may qualify) at a disadvantage. Further, when the assessed fees are tied to receipt of other public assistance, claims may occur when families' public assistance cases close.

- There is great potential to serve more two-parent families if the current maximum allowable income levels are adjusted. The maximum allowable income requirements eliminate most two-parent families from participation; this penalizes the intact families.
- The flexibility of the new model means county offices can use staff in the most advantageous way. It easily supports the integration of child care with other eligibility programs such as TANF, Medicaid, and Food Stamps. A move to the one family, one worker concept raises the level of service to a family that receives DFCS services. There is only one person to whom the family must report and a single worker can provide information and process applications for all services. In addition, integration leverages the knowledge obtained by individual case managers while providing a career path for all case managers within the county office. Even with the flexibility to integrate, specialization remains a viable option. The model will work equally well if counties choose to continue to separate child care from the other eligibility programs.
- Moving to single, statewide funds allocation allows efficient funds management for the program. It removes the competition among counties for allocations and simplifies functions for budget and accounting.
- The new Robust Childcare System will be able to track participation of children by defined categories and will remove the need to track information by Uniform Accounting System (UAS) Codes.
- Those on the waiting list have a more fair opportunity to participate. A statewide one off, one on approach means that as soon as funding is earmarked, families will be brought into the program. The "cattle calls" for intake, as is frequently the current situation, will be eliminated.
- Total automation of the eligibility determination will lead to better case accuracy. Raw data is entered into the system, which then calculates the monthly or annual income and determines categorical eligibility and the assessed fees. Removing manual calculations ensures greater case accuracy.
- Rules-based automated support will provide consistent application of policy that leads to strengthened program integrity. It will minimize the danger of individuals interpreting rules in different ways and misapplying policy.



- Outsourcing of all provider services allow focus on customer. Case managers will be free to concentrate entirely on customers and assisting them in obtaining child care benefits and ensuring access to quality child care.
- The new model calls for electronic storage of much of the data that supports the case record, resulting in a substantial reduction of paperwork. Forms will be templates on-line, not paper in a drawer. Information will be entered into the RCS rather than recorded on paper. Once imaging and electronic data storage of supporting documentation is available, the only paper that needs to be produced is that which leaves the office and is distributed to customers or providers.
- The new model also supports improved sharing of information. Interfaces to legacy systems allows information to flow back and forth without human intervention. The interfaces will help close the communications gap that exists in the old environment.
- The new model's streamlined processes reduces the amount of redundancy within the program. For instance, the current environment's inter-county transfer process requires that both the sending and receiving county verify address, income, and child care arrangements, a totally redundant process. In the new model, each county's responsibilities are well defined with no redundancy. Further, the need for other redundant activities such as printing and filing multiple copies of certificates or other documents is eliminated.
- The new model is more adaptable than the old model. This adaptability means that activities and cases are not tied so tightly to individuals. If a case manager is gone a day, a week, or a month, there are others who can fill in because workload is easily balanced. Work is not disrupted because a staff member is missing.
- Finally, automation provides support that replaces a multitude of manual activities in the current model. Although Section 8 outlines all of the requirements and expectations for the new system, some of the high-level features of automation include:
 - Entering data once and using it multiple times;
 - Identification of missing data;
 - Automated eligibility determinations;
 - Appointment scheduling;
 - Electronic referrals;
 - Tracking progress of application and standards of promptness;



- Tracking due dates;
- Tracking review dates; and
- Sending correspondence from a central location without CM intervention.

4.4.2 CHALLENGES

Implementing the new model, even one that has the advantages of the new CAPS model, is not without challenges. Some of the challenges to implementation are:

- The primary challenge for any movement to a new business model or automated system is the human tendency to resist change. It will be important that CAPS convey to each person to be affected by the new model and its automation, both at the county level and elsewhere, the benefits of the new model.
- The model is highly dependent upon strong partnerships with other divisions within the department as well as commercial vendors and not-for-profit organizations. One challenge will be to determine which partners have the capacity to support the needs of CAPS. For instance, is the Office of Regulatory Services' Child Care Licensing ready, willing, and able to take on more responsibility for vendor management? The second challenge will be to assure that those relationships are fully developed and that partners perform as expected.
- DFCS employees have developed a general distrust of automation over the years. Early experiences with MAXSTAR™ and on-going problems with SUCCESS left staff skeptical that any automated support can work. Staff must be shown that the RCS will meet their needs and can be trusted to work correctly.
- Agreement must be solicited from the Office of Planning and Budget Services (OPBS) to do away with the everyday use of UAS codes. OPBS must also approve the move to a statewide allocation of child care funds.
- Close coordination with OPBS is needed to determine funding availability for applicants and those who have been placed on the agency's waiting list.
- Interfaces to legacy systems is a critical component. Most of CAPS' customers also receive other benefits or are at least known to the eligibility system, SUCCESS. In order for the communication and sharing of information to be fulfilled, those planned interfaces must be accomplished.



- As a policy issue and to assure uniform eligibility determinations CAPS needs to develop a standard of acceptable verifications. Currently, each county determines what verifications it will accept or not. Standardization will assist in guiding case managers to require and accept verification from appropriate sources.
- Training is a key element of the new model. CAPS will have to overcome the natural tendency of county managers to resist having staff away from their day to day duties and constant, immediate availability to customers. Planned web-based training in many areas will help mitigate this challenge.
- The new model will only work with proper support for training and policy dissemination from the Department's Office of Information Technology (IT). CAPS must work with DHR IT to assure the suitable level of support is available.
- The new model calls for more collaboration with third party vendors, which in turn calls for more money to be allocated for those services. Initiatives such as contracted training demand funds allocation to be successful.

4.5 PROCESSES TARGETED FOR REDESIGN

In order to support the new model, the BPR Team targeted certain areas for redesign. They determined that the processes to be reengineered fell into four business areas, Customer Services, Provider Services, Program Support, Program Integrity. In addition to the specific business areas, a catchall area was identified and termed Utility Processes. It contains processes that are used throughout the functional areas and not limited to any specific area. In all, sixteen processes were reengineered.

Section 5 contains detailed information about those processes.



SECTION 5 – THE NEW MODEL

5 DESCRIPTION OF BUSINESS AREAS

The BPR Team envisioned four Business Areas in the new business model, as shown below. Each of these Business Areas represents groups of tasks and processes that are inextricably linked. They are simply common sense divisions of labor. Robust automated support allows tasks within the Business Areas to be accomplished by staff physically located in diverse settings. These tasks may be performed by separate Sections, agencies or contracted vendors. The Team made assumptions about roles and responsibilities of staff, but the model is not dependent solely upon those assumptions. The processes that have been developed are designed to support the model and to provide the most effective operations possible for CAPS. The Team focused on optimizing fourteen critical processes within the four Business Areas and two other processes deemed utility processes that are used throughout the program. The processes do not represent all of the duties or responsibilities of an individual, Business Area or the Section. They do represent the areas in which the Team found value in standardizing and streamlining processes. The Team worked diligently to map each area and process to the Steering Committee goals defined at project onset. Appendix D lists all sixteen processes identified and maps them to each of the project goals identified by the Steering Committee. Flow charts of the processes are found in Appendix E, and a thumbnail synopsis of each process is located in Appendix F.

BUSINESS AREA	PROCESSES
Customer Services	Application Registration Eligibility Determination Working the Waiting List Inter-County Transfer
Provider Services	Provider Registration Provider Compliance Provider Invoicing
Program Support	Caseload Distribution Disseminate Program Information



	Training
Program Integrity	Case accuracy review Claims Suspected Fraud Referral Hearing

In the following pages, the components of each Business Area is outlined along with the interfaces that must occur among the four areas if this model is to be effective. An ongoing theme for this model is the need for continual collaboration and communication among the members of the Section’s Management Team and among all Section and Division staff. The boundaries between Business Areas must be permeable.

The various processes were determined by evaluating the Business Areas and determining what kind of support was needed to ensure a workable and effective plan. Team members were asked to complete the sentence “We need a way to . . .” The responses to that statement became the sixteen core processes. The BPR Team defined a “process” as a series of related steps, activities, or tasks that take one or more kinds of input and creates an output that is of value to the customer. There are many responsibilities and tasks that must be performed in addition to the defined processes. While those responsibilities and tasks are not fully developed in this document, it is recognized that they are vitally important to the mission of the Section and its ability to deliver quality services to the public.

Each core process described in this section is supplemented with auxiliary information that helps to further explain the purpose, requirements, and effect of the process. The lists and discussions provided, while representative, should not be considered exhaustive. For each process the following information is included:

- The trigger(s) or what causes the process to be initiated;
- The output or outcome of the process;
- The workflow, including the tasks involved in each process;
- Outcome measures;
- Benefits;
- Challenges to implementation;
- Automation assumptions; and



- Users of the process.

General information about the users of processes including responsibilities and desired skill sets are listed in Appendix G.

Comprehensive documentation of all the Robust Childcare System (RCS) functional requirements for the new business model is presented in Section 8.

Utility Processes:

Two processes were identified that are common throughout all of the Business Areas and which are expected to be heavily supported by the RCS. These processes are considered “utility” processes. Utility processes are:

- Correspondence;
- Publicize CAPS.

Totally Automated Processes:

Three processes were identified that will be totally automated in the new business model and, therefore, were not mapped. These include the following:

- Tracking;
- “Tickling”; and
- Alerts.

Following is a detailed description of the responsibilities that encompass each Business Area and their respective processes.

5.1 CUSTOMER SERVICES

5.1.1 DESCRIPTION

The work processes and tasks that directly impact the customer and support application registration, eligibility determination, working the waiting list and inter-county transfers are the responsibility of Customer Services.

5.1.2 RESPONSIBILITIES

The responsibilities of this area are to:

- Successfully accept and register applications from customers who wish to receive child care assistance;



- Determine eligibility for the program based on policy requirements;
- Determine the assessed fee;
- Provide child care assistance;
- Determine eligibility for customers who were on the waiting list and establish care once funds become available;
- Facilitate transfer of cases from county to county when a customer moves; and
- Close cases when a family is no longer eligible.

5.1.3 INTERFACES WITH OTHER BUSINESS AREAS

Provider Services – When a customer’s case closes, Provider Services are affected. Providers must be notified of the closure and advised that DFCS will no longer process payments. Conversely, when providers are dismissed from the program, Customer Services are affected.

Program Support – Uniform training, dissemination of program information and distribution of caseloads are critical to effectively and efficiently serving the customer.

Program Integrity – All four of the processes within program integrity are critical to Customer Services. Case accuracy reviews, the scheduling of claims and referral of suspected fraud cases ensure that the customer receives the correct benefits. Hearings allow the customer the opportunity to have an impartial review of actions based on policy.

5.1.4 CUSTOMER SERVICE PROCESS DESCRIPTIONS

The four core processes of the Customer Services Business Area, application registration, eligibility determination, working the waiting list and inter-county transfer, are detailed below.

5.1.4.1 APPLICATION REGISTRATION

The application registration process is integral to efficient delivery of services. Application submission is generally the customer’s first point of contact with the CAPS program. Effectively accepting and registering applications in a timely and economical manner expedites the determination of the customer’s eligibility for benefits.



5.1.4.1.1 TRIGGERS

The application registration process is triggered when a customer submits an application. The application may be submitted in person, by mail, by facsimile or electronically via the Internet.

5.1.4.1.2 OUTPUTS

The output of this process is RCS assignment of an application number.

5.1.4.1.3 WORKFLOW DISCUSSION

The initial step in this process is to review the application for completeness. If the application is submitted on paper, county staff review for completeness. If the application is incomplete, the application is returned to the sender. Data entry is not required and an application number is not generated until a completed application is submitted. If a complete paper application is received, the county staff query the RCS to determine if the customer has a pending application or open case. If the customer does not have either a pending application or open case, the county staff enter the appropriate data into the RCS and a RCS generated application number is assigned to the application.

If the application is submitted via the Internet, county staff is relieved from manual review of information for completeness and data entry of information. RCS parameters are defined to ensure completion of all mandatory fields prior to allowing the customer to submit the application. Parameters are established to ensure that applications cannot be submitted by those customers with a pending application or open case. An RCS generated application number is assigned to the customer application.

5.1.4.1.4 MEASURES

The Team identified the following outcome measures for the application registration process:

- Monitor Standard of Promptness (SOP) Reports to ensure that a predetermined percentage of all applications are processed within the established time frames; and
- Monitor reports documenting the number of customers who submitted applications via the Internet.

5.1.4.1.5 BENEFITS



Customers will have improved access to services and counties will be able to dramatically improve customer service. There will literally be “no wrong door.” Customers will be able to submit applications when it’s convenient for them. They will no longer have to take time off of work to submit an application for child care assistance. Customers will receive confirmation of receipt of a completed application and will be able to access the status of their applications at their convenience. Program integrity will be greatly enhanced because improved tracking mechanisms will be in place to accurately monitor the number of applications received and the SOP for processing the applications. A uniform system of numbering applications statewide will also be employed.

5.1.4.1.6 CHALLENGES TO IMPLEMENTATION

The RCS must interface with related programs’ existing legacy systems. Unique identifiers for each customer and child must be defined. Policy must be established detailing what constitutes a completed application. Is the name and signature of the customer sufficient? Does the customer have to include everyone in the household? Is all income information required? A time frame must be established for counties to register the completed paper applications they receive. Counties must develop mechanisms to ensure that complete applications are registered appropriately.

5.1.4.1.7 AUTOMATION ASSUMPTIONS

The RCS must:

- Edit for complete application (complete/incomplete);
- Query to see if there is already a pending application or open case and not allow duplicate applications;
- Automatically assign an application number to the application and, if submitted via the Internet, provide the customer with her application number;
- Determine if the customer meets priority criteria for service;
- Generate alerts to document SOP; and
- Track the number of applications submitted by customers via the Internet to evaluate the effectiveness of Internet application capability.

5.1.4.1.8 PEOPLE WHO USE THE PROCESS

County program assistants use this process.



5.1.4.2 ELIGIBILITY DETERMINATION

The eligibility determination process is the core process for determining benefit eligibility. It is the foundation for the delivery of all customer focused CAPS services.

5.1.4.2.1 TRIGGERS

The eligibility determination process is triggered by:

- Submission of a completed application;
- An RCS generated notification that funding is available to serve those on the waiting list;
- Notification of a customer's change in circumstances; or
- The need for a periodic review in the case.

5.1.4.2.2 OUTPUTS

The output of this process is disposition of the case.

5.1.4.2.3 WORKFLOW DISCUSSION

The eligibility determination process begins with a request for verification, which may be system or manually generated. Verification is received and reviewed by the case manager. No face-to-face interview is required. The case manager enters the data into the RCS and runs the eligibility module, in which the RCS determines eligibility. The eligibility module indicates that the customer is eligible, ineligible or that the eligibility determination is incomplete and further verification is required. If a customer is eligible, but there are not currently funds available, the customer may be placed on the waiting list. The case manager indicates agreement and accepts approval, denial/closure, transfer, suspension, placement on the waiting list or requests additional information from the customer. Finally, the RCS generates a disposition of the case.

5.1.4.2.4 MEASURES

The Team identified the following outcome measures for the eligibility determination process:

- Reduction in number of errors; and
- A predetermined percentage of cases are processed within the established time frames.



5.1.4.2.5 BENEFITS

The benefits are many. First, service delivery will be dramatically improved. There will be a reduction in manual steps and tasks as well as elimination of manual calculations for eligibility determinations. Program integrity will be significantly strengthened because RCS support will ensure consistent application of policy and standardized verification requirements. Access to services will be improved with web applications and elimination of the face-to-face interview. Appointments are initiated at the customer's request, when it is convenient for their work or school schedules. All interested persons can apply for services and receive information about the status of their application.

5.1.4.2.6 CHALLENGES TO IMPLEMENTATION

Developing appropriate critical interfaces with existing legacy systems must occur to ensure that the most accurate and current information is received in a timely manner. Identification and enforcement of standardized acceptable verification must also occur. The CAPS Section should examine the policy surrounding assessment of fees and income changes to determine if policy modifications are necessary to simplify and reduce the number of changes when family income increases slightly to provide greater access for two-parent families.

5.1.4.2.7 AUTOMATION ASSUMPTIONS

The RCS must:

- Interface with the appropriate partner Sections and agencies;
- Assist in all aspects of making determinations for eligibility, including performing income calculations;
- Assign the case number after the initial eligibility determination is complete. If there is an existing case number from a previous child care case, that case number should be assigned;
- Interface with related programs/appropriate DHR partner systems;
- Determine funds available to serve customers;
- Allow data entry of date parameters for suspensions;
- Accurately determine the appropriate fee to assess to each customer; and
- Provide summary screens of information.

5.1.4.2.8 PEOPLE WHO USE THE PROCESS



County case managers use this process.

5.1.4.3 WORKING THE WAITING LIST

The process of working the waiting list ensures that customers who are eligible receive benefits as soon as funds are available.

5.1.4.3.1 TRIGGERS

The process of working the waiting list is triggered by a RCS generated notification to the case manager that funding is available.

5.1.4.3.2 OUTPUTS

The output of this process is a disposition of the case or an eligibility determination.

5.1.4.3.3 WORKFLOW DISCUSSION

The RCS generates an alert to the case manager that there are funds available to serve the next customer on the waiting list. The case manager reviews the eligibility information in the RCS, determines if updated verification of information is required and dispositions the case or begins the eligibility determination process.

5.1.4.3.4 MEASURES

The Team identified accurate documentation of the number of eligible customers on the waiting list as an outcome measure.

5.1.4.3.5 BENEFITS

Customer service should improve dramatically. Counties will be able to accurately document the number of eligible families and better tracking of the numbers and ages of children waiting for assistance. The waiting list will no longer be used as a caseload management tool, but as a budget tool that enhances the State's ability to plan and manage program expenditures.

5.1.4.3.6 CHALLENGES TO IMPLEMENTATION

Close coordination with budgeting is a must. System interface requirements must be clearly defined to avoid duplicate data entry. The following policy issues were identified for review:



- Determine whether there should be a county-by-county waiting list or a statewide waiting list;
- Establish SOP for processing these cases once the case manager is alerted of funds availability;
- Identify when updated customer information should be requested; and
- Determine if it is necessary to purge the waiting list periodically.

5.1.4.3.7 AUTOMATION ASSUMPTIONS

The RCS must:

- Identify specific customers as funding becomes available to them;
- Provide sufficient data entry support;
- Allow for removal of customers from the waiting list when they become ineligible for services; and
- Provide an automated mechanism for managing the budget and determining projected funds availability.

5.1.4.3.8 PEOPLE WHO USE THE PROCESS

County case managers use this process.

5.1.4.4 INTER-COUNTY TRANSFER

Inter-county transfer of cases ensures that customers are served within the county they reside without having to reapply for services.

5.1.4.4.1 TRIGGERS

The inter-county transfer process is triggered when a case manager receives a change report indicating a customer has or will be moving into another county.

5.1.4.4.2 OUTPUTS

The output of this process is a successfully transferred case.

5.1.4.4.3 WORKFLOW DISCUSSION

The process is initiated by either the sending or receiving county. The initial step in this process is to verify the customer's change of address. Whichever county



receives the report of the change, initiates the request for verification. The customer provides the verification requested, and the case manager reviews it. Address verification occurs only once.

If the sending county receives the request and gathers the appropriate verification for the address change, the case manager updates the RCS accordingly and the RCS automatically initiates reassignment to the receiving county. If the receiving county receives the request and gathers the appropriate verification, the receiving county case manager documents the information in temporary storage within the RCS. The RCS automatically alerts the sending county. The case manager in the sending county accepts the address change and initiates the RCS-assisted reassignment to the receiving county. The case manager, supervisor, transfer coordinator or other county designee in the receiving county accepts the transfer. The sending county forwards all hard copy documentation in the case file to the receiving county. The receiving county is responsible for conducting an eligibility determination, including issuing a certificate to a new provider, as necessary.

5.1.4.4.4 MEASURES

The Team identified the following outcome measures for the inter-county transfer process:

- Monitor SOP report to ensure that a predetermined percentage of all inter-county transfers occur within the established time frames; and
- Ensure that a predetermined percentage of case files are successfully transferred.
- Reduction in the percentage of errors and/or deficiencies related to this information.

5.1.4.4.5 BENEFITS

The process for inter-county transfer in the new model will improve communication and accountability in both sending and receiving counties. It will provide an effective means of tracking transfers to successful reassignment. Efficiency will improve dramatically. The process significantly reduces redundancy, improves timeliness of transfers, and improves program integrity by assigning responsibility for action to specific workers. All of this will result in improved customer service.

5.1.4.4.6 CHALLENGES TO IMPLEMENTATION



The CAPS staff could face challenges in adapting culturally to the new model. An environment of trust and collaboration between budgeting, State and county staff should exist to foster the necessary changes in culture. Decisions must be made in regards to where the responsibility for budgeting will lie. Will the State be responsible for allocating all funds or will the counties be responsible for maintaining their budgets? If CAPS determines that budgeting should remain at the county level, policy decisions will need to be made to determine when funding responsibilities should shift from county to county once the transfer has been initiated.

The Team also identified areas where policy will need to be crafted to support the following Team process decisions:

- Receiving county will be responsible for the eligibility determination;
- If budgets must remain at the county level, determine when funding responsibilities should shift from one county to the other;
- Receiving county is responsible for setting up the new provider; and
- An SOP must be established for inter-county transfers.

5.1.4.4.7 AUTOMATION ASSUMPTIONS

The RCS must:

- Allow for temporary data entry storage if the receiving county initiates the address change and transfer;
- Reassign cases to caseloads specified by the receiving county – allow a drop down box for selection;
- Associate county with zip code - allow a drop down box to select county where zip codes overlap;
- Track date of transfer; and
- In future phases of system implementation, CAPS may want to consider automatic system address validation and electronic data storage.

5.1.4.4.8 PEOPLE WHO USE THE PROCESS

County case managers use this process.



5.2 PROVIDER SERVICES

5.2.1 DESCRIPTION

The work processes and tasks that support enrollment, monitoring, and payments to providers are the responsibility of Provider Services.

5.2.2 RESPONSIBILITIES

The responsibilities of this area are to:

- Process requests from providers who wish to offer their services to children who participate in the State's child care program;
- Monitor initial compliance with all program requirements based upon provider type;
- Conduct routine reviews of compliance;
- Dismiss providers who fail to meet the program requirements;
- Monitor provider billing activities;
- Approve or deny provider invoices received on paper;
- Conduct random audits of all provider invoices;
- Provide customer service and technical support to providers needing assistance;
- Conduct provider training on prescribed topics and/or at prescribed intervals;
- Facilitate payments to providers; and
- Complete claims for providers who are overpaid or underpaid.

5.2.3 INTERFACES WITH OTHER BUSINESS AREAS

Customer Services—When providers are dismissed from the program, Customer Services is affected. Customers must be notified of the dismissal and advised to contact their case managers to choose a new provider.

Program Integrity—Two of the processes within Program Integrity apply to Provider Services. Providers who are overpaid must have claims established, and those who are suspected of fraud are referred via the Fraud Referral process.



Program Support—Interaction with this area is essential in providing training. Training must be developed and delivered in a uniform manner. The dissemination of program information is another essential element. When program changes occur that affect providers, the Provider Services area must be well acquainted with those changes.

5.2.4 PROVIDER SERVICES PROCESSES

The three processes identified in the Customer Services Business Area, provider registration, provider compliance, and issue payments, are detailed below.

5.2.4.1 PROVIDER REGISTRATION

Provider registration allows new providers who express an interest in serving specific children in the program to provide the preliminary data that is required before they are allowed to begin care of CAPS children.

5.2.4.1.1 TRIGGERS

This process is triggered by the identification of an individual who wishes to care for CAPS children.

5.2.4.1.2 OUTPUTS

The output is either a referral to Child Care Licensing for completing the Provider compliance and registration process or a notice of denial to participate (if CPS screening is not clear)

5.2.4.1.3 WORKFLOW DISCUSSION

The RCS is queried to determine if the provider is already active. If the provider is active, no other provider registration steps are required. Those seeking licensure are referred to Child Care Licensing. If an informal provider is not active in the RCS, upon linking the provider to the appropriate case record, a child protective services (CPS) referral is initiated. This referral is expected to be automated, when SACWIS is implemented. The RCS will request from SACWIS a “Yes/No” response from a SACWIS query to determine if an open CPS investigation exists or if abuse or neglect has ever been substantiated on the provider candidate or other household members, if appropriate. If a “Yes” response is received, there is a handoff to Correspondence to initiate a notice of denial to participate to the provider and customer. If a “No” response is received indicating a clear CPS record, the process hands off to the Correspondence



Process to provide a list of the required supporting documentation and the Provider Compliance process.

5.2.4.1.4 MEASURES

This process will be measured by determining what percentage of informal providers is registered within established standards of promptness.

5.2.4.1.5 BENEFITS

This process will improve communication between CAPS and CPS, particularly when system interfaces can remove the need for worker-to-worker coordination. Outsourcing of Provider Services allows county staff to concentrate on providing outstanding customer service. By outsourcing the registration process, there will be improved efficiency in getting qualified providers enrolled. The third-party vendor will be able to focus on provider issues without distraction.

5.2.4.1.6 CHALLENGES TO IMPLEMENTATION

Until SACWIS is developed and implemented, all referrals for CPS must be manual, which presents a challenge in facilitating efficient referrals and responses. It will be important that the CAPS need for an automated interface is given sufficient consideration in the development of SACWIS. A way to allow vendor staff to request CPS screens and receive the results must also be developed. A standard of promptness needs to be established for completing provider registration, and a decision needs to be made as to whether a face to face meeting is mandatory for informal providers and if so, who is responsible for conducting the interview and in what setting.

5.2.4.1.7 AUTOMATION ASSUMPTIONS

- The RCS will support determining if an informal provider is considered “active”;
- Interface with CPS (when SACWIS is implemented);
- RCS will fully support all phases of child care licensing and registration;
- Allow capability to update or change provider information;
- Allow multiple methods for querying, e.g. Provider name, address, FEIN; and
- Allow multiple identifiers for providers (i.e. Corporate name, location, branch, county, etc.).



5.2.4.1.8 PEOPLE WHO USE THE PROCESS

People who use this process are customer service representatives.

5.2.4.2 PROVIDER COMPLIANCE

Provider Compliance ensures that candidates and established providers meet and continue to abide by all program requirements.

5.2.4.2.1 TRIGGERS

Provider compliance is triggered by a referral from Application Registration or because a routine review is due.

5.2.4.2.2 OUTPUTS

The output is provider approval, denial, or dismissal.

5.2.4.2.3 WORKFLOW DISCUSSION

The type of provider determines the path that is taken in the process. Informal providers receive a site visit within a specified period of time. In addition, the provider submits other documentation that is reviewed and evaluated. If all requirements are met, periodic monitoring is invoked. Periodic monitoring occurs after six months to ensure compliance with training requirements and annually thereafter. If a provider fails at any point along the way to meet the conditions of authorization, the provider is dismissed.

5.2.4.2.4 MEASURES

This process will be measured by determining what percentage of informal providers is reviewed within established timeframes.

5.2.4.2.5 BENEFITS

This process allows county staff to focus on customer service by removing the responsibility of tracking and managing provider compliance and clearly delineates responsibilities between county staff and vendor staff. A single automated system allows instant sharing of information between the compliance monitor and the county office. It eliminates redundancy and duplicate data entry. The process facilitates better coordination between CAPS and CCL in monitoring provider compliance. Vendors will ensure Title VI compliance by providers.



5.2.4.2.6 CHALLENGES TO IMPLEMENTATION

Child Care Licensing is the logical choice to perform this process. However, there are questions about CCL's ability to handle the additional workload of monitoring all provider compliance. CAPS and CCL will have to negotiate the increase in responsibility. If CCL is not able to meet this need, another vendor must be considered. A policy decision needs to be made about provider documentation. CAPS must determine if a face-to-face interview with the provider and viewing certain documentation such as picture identification is necessary to initiate registration or if it can be delayed until the site visit. The Policy Work Group must revise policy concerning informal providers to establish requirements and guidelines for periodic reviews, and CAPS and Social Services needs to jointly develop policy and processes for CPS to notify CAPS of investigations that are conducted involving providers via system interface when SACWIS is developed.

5.2.4.2.7 AUTOMATION ASSUMPTIONS

Automation assumptions include:

- System support for all child care licensing functions;
- When providers are dismissed, notification is sent to the provider, customer, and case manager;
- Alert to third party vendor for reviews due in a given month;
- Allow provider information update, e.g. rate changes, address changes, etc.; and
- Show provider status, e.g. active, inactive, CPS failure, etc.

5.2.4.2.8 PEOPLE WHO USE THE PROCESS

People who use this process include account specialists and standards surveyors.

5.2.4.3 ISSUE PAYMENT

The Issue Payment process is the process in which providers submit their invoices and receive payment for services rendered.

5.2.4.3.1 TRIGGERS

This process is triggered by the completion of services rendered by a child care provider.



5.2.4.3.2 OUTPUTS

The output is payment for services in the form of electronic fund transfer (EFT), live check or other payment form.

5.2.4.3.3 WORKFLOW DISCUSSION

If the invoice is submitted on-line, no human intervention is required. All activity is within the RCS.

System generated paper invoices are sent to providers who do not submit through the Internet. Submitted invoices are reviewed for accuracy. Those that are incomplete or incorrect are returned to the provider for correction. Those that are complete and correct continue through the process with information data entered. Payments are made in the form of electronic fund transfers (EFT), automated clearing house (ACH), or live checks.

5.2.4.3.4 MEASURES

This process will be measured by:

- Comparing the percentage of payments that are accurate to established tolerances;
- The percentage of payments received within prescribed time frames; and
- Conducting provider satisfaction surveys.

5.2.4.3.5 BENEFITS

The biggest benefit may be the county staff time saved by relieving them of invoice and payment approval responsibilities. The process and its automated support will allow for real time financial and expenditure information to be available to administrators. The process brings statewide uniformity to the the invoicing and payment processing. System support for invoicing accuracy will cut down on the number of rejected invoices, which will lead to more timely and accurate payments to providers. System support allows timely and accurate reports to be generated for administrators.

5.2.4.3.6 CHALLENGES TO IMPLEMENTATION

It will be important that proper accounting controls are maintained. The model and process assumes a central, statewide allocation of funds. The Section must gain agreement from Budget for this approach. All vendor forms, both on-line and paper, must be developed in both English and Spanish. Standards must be



developed regarding what constitutes an invalid or incomplete invoice. Other challenges involve the providers themselves. Providers, many of whom are not computer savvy, must be trained to use the system. Further, there must be incentives designed to encourage providers to maintain attendance records on-line and to invoice electronically.

5.2.4.3.7 AUTOMATION ASSUMPTIONS

Automation assumptions include:

- Automated support for the entire process;
- Provider choice in using paper invoices or electronic submission;
- Storing payments and dates historically for activity with begin and end date for payments and hours;
- Ability for providers to submit corrected or revised invoices before or after payment of the original invoice;
- Ability to roll up payments for the same provider or providers that have centralized accounts receivable;
- Centralized generation of invoices;
- EFT payments or live checks at the provider's option;
- Automatically generate reports of expenditures and any federally required reports;
- Help for providers such as an IVR system, on-line provider manual w/sample invoices, training on-line, bilingual services, etc.;
- Ability to make tiered reimbursements; and
- Ensuring the use of established and accepted accounting principals and controls/report mechanisms.

5.2.4.3.8 PEOPLE WHO USE THE PROCESS

People who use this process are account specialists.



5.3 PROGRAM SUPPORT

5.3.1 DESCRIPTION

The Program Support area provides service to CAPS by providing essential services to those who administer the child care program at all levels. While customers are not directly affected by these processes, they are indirectly affected by them.

5.3.2 RESPONSIBILITIES

The responsibilities of Program Support are to provide information, train staff, and assist in administrative duties.

5.3.3 INTERFACES WITH OTHER BUSINESS AREAS

Customer Services—Customers receive reliable program information and interact with knowledgeable staff. Customers also benefit from improved administration of the child care program.

Program Integrity—Both case accuracy and claim determinations are positively impacted by well-trained, knowledgeable staff.

Provider Services—Training given to providers imparts the information required to successfully comply with program standards and to record attendance and submit timely and accurate invoices.

5.3.4 PROGRAM SERVICES PROCESSES

The three processes identified in the Program Services Business Area, caseload distribution, disseminate information, and training, are detailed below.

5.3.4.1 CASELOAD DISTRIBUTION

This process allows for cases to be distributed equitably and easily.

5.3.4.1.1 TRIGGERS

The process is triggered by the receipt of an application, the receipt of an incoming case from another county, the need to balance caseloads, or a need to redistribute a caseload from an absent or vacant position among the staff.

5.3.4.1.2 OUTPUTS



The output is a case or cases assigned to an appropriate worker.

5.3.4.1.3 WORKFLOW DISCUSSION

The process begins with a decision about to whom cases are to be assigned. New applications are assigned automatically by the system utilizing specified business rules. The cases may be distributed singly or in groups. Upon distribution, both the new case manager and the customer receives notification.

5.3.4.1.4 MEASURES

This process will be measured by:

- Evidence that caseloads are evenly distributed

5.3.4.1.5 BENEFITS

This process provides an efficient mechanism to manage work loads for case managers and others. The ability to transfer more than one case at a time reduces administrative effort and time. The process ensures timely notification to customers of an assignment of a new case manager.

5.3.4.1.6 CHALLENGES TO IMPLEMENTATION

The RCS must be flexible enough to allow case load configuration and assignment to meet each county's needs (i.e. alphabetical, with related cases, other). It will be important to build trust among county staff that the system can equitably distribute cases automatically.

5.3.4.1.7 AUTOMATION ASSUMPTIONS

Automation assumptions include:

- The RCS alerts the supervisor of inequitable caseloads;
- Automated support is available for transferring cases from one person to another;
- System generated notification to the case manager, customer, and if appropriate, the provider;
- System support for queries about cases (i.e. all cases with related TANF or FS case) so that cases can be assigned to appropriate worker (i.e. multi-program workers);



- Variable sorts for caseloads (alphabetical, numeric, child care type, etc.) to support supervisor initiated distribution;
- Ability to assign multiple cases to another case manager at one time;
- County specified criteria for weighting and automatic distribution;
- System supported caseload weighting that identifies the true level of effort required by a specific case; and
- Ability to mark individual cases as confidential limiting access to only the assigned case manager and his supervisor.

5.3.4.1.8 PEOPLE WHO USE THE PROCESS

People who use this process are County supervisors.

5.3.4.2 DISSEMINATE PROGRAM INFORMATION

This process supports CAPS staff, customers, providers and the public-at-large by providing a method for supplying accurate and timely program information.

5.3.4.2.1 TRIGGERS

The process is triggered by changes in State or Federal policy, procedures, or needed clarification in program requirements.

5.3.4.2.2 OUTPUTS

The output is informed staff and the public.

5.3.4.2.3 WORKFLOW DISCUSSION

The process begins with assessing the source, importance, urgency and permanency of the information to determine the target audience and method for disseminating information. The information is then created, produced, and distributed.

5.3.4.2.4 MEASURES

This process will be measured by:

- New policies and procedures in the hands of case managers within a prescribed number of days;



- Improved case accuracy from more consistent interpretation of policy and procedures; and
- Reduction in number of policy questions.

5.3.4.2.5 BENEFITS

This process provides multiple ways for staff to receive information. It fosters the distribution of timely, accurate, and consistent information. It will result in improved case accuracy and improved customer service.

5.3.4.2.6 CHALLENGES TO IMPLEMENTATION

CAPS will have to address the long-standing staff distrust of electronic communication and over dependence on hard copies. There will be a need for comprehensive training to develop technical expertise to access web-based information. CAPS will be challenged to provide information at a pace that allows adequate communication but does not inundate workers with information to the point of overload. There must be adequate staff for maintaining the CAPS web site for policy, and there must be proper technical tools and reliable Internet service at county level to support staff.

5.3.4.2.7 AUTOMATION ASSUMPTIONS

Automation assumptions include:

- Access to the DHR On-line Directives Information System (ODIS);
- Web access to a policy area located on training website or elsewhere;
- Alerts at log on to notify county staff of new policy issuance and a link to the location; and
- Hyperlinks from case record screens and data elements into the on-line policy manual.

5.3.4.2.8 PEOPLE WHO USE THE PROCESS

People who use this process are consultants.

5.3.4.3 TRAINING

The training process allows for a consistent method of providing specific program information to CAPS staff and providers.



5.3.4.3.1 TRIGGERS

The training process is triggered by staff request; new policies or procedures; error rate analysis that reveals training needs or regularly scheduled events such as new worker training.

5.3.4.3.2 OUTPUTS

The output is proficient staff.

5.3.4.3.3 WORKFLOW DISCUSSION

The process begins by assessing training needs. A determination is made regarding whether the training should be conducted in-house or by a third party contractor. Regardless of the method, standard, uniform training modules, scripts, and collateral materials are developed. Training is scheduled and participants registered. The training is conducted, followed by evaluation. If necessary, the training curriculum is modified to incorporate evaluation suggestions or new policy and procedure revisions.

5.3.4.3.4 MEASURES

This process will be measured by:

- Reduction in the number of questions to policy helpdesk and consultants; and
- Improved accuracy rate.

5.3.4.3.5 BENEFITS

The emphasis on both new and experienced worker training means consistent dissemination of policy information statewide leading to increased competency levels among all staff in the child care program. Proper training should result in a reduction in case errors.

5.3.4.3.6 CHALLENGES TO IMPLEMENTATION

While the new model's emphasis on training implies many benefits, there are many challenges as well. First and foremost, State administration must be convinced that the time and expense associated with training is a worthwhile investment. CAPS must convince county managers that attending training (or participating in a web-enabled session) is productive use of staff time. The Section must be ready to address the added logistic difficulties that more training will certainly bring. Staff must ensure trainers follow scripts and deliver information consistently as intended and that training materials are updated



timely. Consideration should be given to developing modules such as mandatory web-based modules for pre-certification of staff before new worker training. In-house training demands may overwhelm staff who have other assigned duties. Therefore, it is unlikely that all training can be done in-house. CAPS must determine what training should be outsourced, secure the necessary budget allocations, and secure the services of a training vendor. CAPS must develop or acquire technical expertise to develop and implement web-based training and must make sure that reliable web access and appropriate technical tools are available to county staff.

5.3.4.3.7 AUTOMATION ASSUMPTIONS

Automation assumptions include:

- Availability of a training environment within the RCS to develop on-line training modules for new policy and refresher training;
- Training website to disseminate information about training opportunities with on-line registration and access to modules;
- Phone or on-line chat support for web-based modules; and
- Assistance in gathering data indicating training needs.

5.3.4.3.8 PEOPLE WHO USE THE PROCESS

People who use this process are trainers.

5.4 PROGRAM INTEGRITY

5.4.1 DESCRIPTION

The work processes and tasks that support case accuracy reviews, claims, suspected fraud referrals and hearings are the responsibility of Program Integrity.

5.4.2 RESPONSIBILITIES

The responsibilities of this Business Area are to:

- Perform case accuracy reviews, at both the second and third party level to ensure that benefits are issued appropriately and that policy is applied correctly;
- Identify, evaluate and schedule claims to recoup overpaid funds;



- Identify, evaluate and refer cases of suspected intentional program violations to the Office of Investigative Services (OIS); and
- Process hearing requests received from customers.

5.4.3 INTERFACES WITH OTHER BUSINESS AREAS

Customer Service – All of the four processes within program integrity are critical to Customer Services. Case accuracy reviews, the scheduling of claims and referral of suspected fraud cases ensure that the customer received the correct benefits. Hearings allow the customer the opportunity to have an impartial review of actions based on policy. Accuracy in all elements of Customer Services is critical to Program Integrity.

Provider Services – The claims and suspected fraud referral processes within Program Integrity support Provider Services. Case Accuracy reviewers will access the provider services information in order to ensure that payments were made correctly.

Program Support – It is critical to Program Integrity to provide effective training to staff and to accurately disseminate program information in a timely fashion.

5.4.4 PROGRAM INTEGRITY PROCESS DESCRIPTIONS

The four processes identified in the Program Integrity Business Area, case accuracy review, fraud referrals, claims and hearings, are detailed below.

5.4.4.1 CASE ACCURACY REVIEW

Case accuracy reviews ensure that case managers are consistently applying policy and that customers are receiving the correct benefits.

5.4.4.1.1 TRIGGERS

The case accuracy review process can be triggered by a number of factors. The following list provides examples of case accuracy review triggers:

- A required number of cases to be read monthly or quarterly;
- Targeted review requirements; and
- Suspected internal fraud.

5.4.4.1.2 OUTPUTS

The output of this process is uniform statewide reporting of accuracy findings.



5.4.4.1.3 WORKFLOW DISCUSSION

The RCS either generates a listing of cases to be reviewed for the month or quarter based on standard review requirements or a supervisor has the ability to define the parameters of cases to be read for additional reviews. The supervisor reviews specified elements, documents findings, and defines corrective actions on-line. The RCS notifies the case manager of the findings, the case manager must make appropriate corrections and resubmit for final supervisory review. If corrections are not submitted, the supervisor documents the work improvement plan for the case manager and ensures findings are corrected.

5.4.4.1.4 MEASURES

The Team identified improved accuracy in documenting review findings as an outcome measure for the case accuracy review process.

5.4.4.1.5 BENEFITS

- Structured case accuracy reviews will reduce case errors. The ability to target reviews will allow improvements in specific, error-prone situations; and
- Identification of training needs.

5.4.4.1.6 CHALLENGES TO IMPLEMENTATION

CAPS must develop specific policy development concerning:

- What constitutes an error;
- Whether to differentiate between operational and payment errors; and
- Modification of performance evaluation tools to support policy changes.

5.4.4.1.7 AUTOMATION ASSUMPTIONS

The RCS must:

- Select the sample for review and allow supervisors to pull additional samples as needed (ad hoc);
- Provide screens to document review;
- Provide a hyperlink to the appropriate information within the policy manual;
- Provide alert/notification of a review and need for corrective action;



- Track time frames for corrections; and
- Document the percentage of errors for each element to assist with analysis and to identify trends and training needs.

5.4.4.1.8 PEOPLE WHO USE THE PROCESS

County supervisors, consultants, and Evaluation and Reporting staff use this process.

5.4.4.2 CLAIMS

The claims process allows the Section to recoup payments that were made in error or issue payments if benefits were underpaid or fees were assessed at an inappropriate rate.

5.4.4.2.1 TRIGGERS

The claims process is triggered when unreported customer changes are discovered, provider deficiencies are identified, or other situations of non-compliance are discovered.

5.4.4.2.2 OUTPUTS

The output of this process is successfully obtaining a completed claim repayment agreement or successful tracking and notification of those cases where repayment is not established.

5.4.4.2.3 WORKFLOW DISCUSSION

The processes for establishing customer and provider claims are identical. Case managers establish customer claims and Vendor Account Specialists establish provider claims. The initial step in the claims process is to determine the type of claim, Agency Error (AE), Inadvertent Error (IE) or suspected Intentional Program Violations (IPV). The case manager or Vendor Account Specialist then verifies the circumstances of the change that caused the claim, documents the appropriate information in the RCS, including start and end dates. The case manager or Vendor Account Specialist runs the claims module to determine the amount of the claim. The case manager or Provider Account Specialist notifies the party involved and attempts to obtain a repayment agreement.

If the repayment agreement is not signed, the case manager or Vendor Account Specialist makes another attempt to have the customer or provider sign the repayment agreement. If the customer fails to respond at that time, the case is



closed and collection notices are mailed out according to policy. If the repayment agreement is received and payments are received, the case remains open and the RCS automatically tracks payments received. If payments are not received, the case manager is notified via a RCS alert. The RCS automatically closes the case with timely notice and generates a notification to the customer and provider. Provider payments are automatically offset according to policy until the claim is paid in full.

5.4.4.2.4 MEASURES

The Team identified the following outcome measures for the claims process:

- Increased number of new claims established; and
- Documentation of the number of clients denied because of established claims in another county.

5.4.4.2.5 BENEFITS

There will be easy identification of customers and providers with active and outstanding claims. Because claims information will be available to all counties statewide, the State should see a significant improvement in the collection of claims. The RCS interfaces with legacy systems should result in a reduction in the number of agency error claims. Automated support for automatic distribution of notices to customers who fail to respond to repayment agreement requests ensures that monthly notices are sent timely and for the appropriate number of months.

5.4.4.2.6 CHALLENGES TO IMPLEMENTATION

The RCS must interface with Evaluation and Reporting (E&R) to allow monitoring of claims payment. A file export may be necessary to provide E&R with the appropriate information. CAPS needs to clarify the definition of inactivity to determine when a customer is no longer responsible for repayment. CAPS may want to give consideration of outsourcing collections of delinquent claims.

5.4.4.2.7 AUTOMATION ASSUMPTIONS

The RCS must:

- Calculate the number of months affected and the dollar amount of the claim, re-calculate the total on a monthly basis based on payments made, detail the repayment amount and track payment history;



- Generate an auto alert to the case manager if claim payment isn't made and the RCS should initiate case closure;
- Generate notices and initiate attempt to obtain repayment agreement;
- Provide a history of claim records;
- Allow for data entry of payments made with automatic calculation of new balance and automatically generate a receipt of payment;
- Allow for a mechanism within the RCS to override the repayment amounts agreed upon;
- Credit payments to the appropriate budget codes for accounting;
- Offset claims against future payments to active child care providers; and
- Provide a method to indicate suspension of notices for those customers that have moved with no forwarding address.

5.4.4.2.8 PEOPLE WHO USE THE PROCESS

County case managers, claim managers, and account specialists use this process.

5.4.4.3 SUSPECTED FRAUD REFERRAL

The process for referral of suspected fraud cases to the Office of Investigative Services (OIS) allows for a formal review of the case by an investigator. If substantiated, the customer or provider who commits an intentional program violation may be prosecuted.

5.4.4.3.1 TRIGGERS

The suspected fraud referral process is triggered when a case manager suspects that a customer intentionally withheld information that would adversely affect eligibility.

5.4.4.3.2 OUTPUTS

The output of this process is successful disposition of the case by OIS.

5.4.4.3.3 WORKFLOW DISCUSSION

The case manager must evaluate the information received to rule out inadvertent error or agency error. The case manager documents, in the RCS, the



circumstances of the suspected fraud and an automated notification is generated to OIS. OIS uses the RCS to document and track IPV findings, disposition, offset and schedule payments. Copies of the notification are generated to any related workers and the case manager's supervisor.

5.4.4.3.4 MEASURES

The Team identified the following outcome measures for the suspected fraud referral process:

- Number of referrals to OIS;
- Number and dollar amount of IPV claims; and
- Number of IPV cases prosecuted.

5.4.4.3.5 BENEFITS

This process results in quicker referrals to OIS and ready access to case information. System supported tracking of referrals and findings will allow case managers and administrators to track the progress of the fraud referral. Automated support will reduce the amount of paperwork and manual documentation that is required for a referral.

5.4.4.3.6 CHALLENGES TO IMPLEMENTATION

CAPS and OIS must agree on the method by which referrals are made (alert, electronically or on paper).

5.4.4.3.7 AUTOMATION ASSUMPTIONS

The RCS must:

- Provide an automated referral to OIS;
- Allow OIS to access the RCS, utilize the claims module, establish and disposition claims;
- Track all referrals sent to OIS; and
- If the IPV is substantiated, provide automated support to flag the customer or provider and notify or alert appropriate staff.

5.4.4.3.8 PEOPLE WHO USE THE PROCESS

County case managers, claims managers and investigators from OIS use this process.



5.4.4.4 HEARINGS

Hearings are an avenue for the customer to refute decisions made on the case and request a third party review.

5.4.4.4.1 TRIGGERS

The Hearing Process is triggered when a customer request for hearing is received in writing.

5.4.4.4.2 OUTPUTS

The output of this process is resolution of the issue or the scheduling of a hearing.

5.4.4.4.3 WORKFLOW DISCUSSION

When a request for a hearing is received, the case manager reviews the record and supporting documents for correctness. The case manager and/or the supervisor may attempt to mediate with the customer at any point in the process. If appropriate, changes to the case record are made. The case manager then completes the OSAH Form 1 on-line and alerts the supervisor to initiate a case accuracy review of the action.

The request for hearing, OSAH Form 1, and supporting documentation is submitted to the Office of State Administrative Hearings (OSAH). If the customer withdraws the hearing request at any time prior to the hearing date, that information must be sent to OSAH and the case record documented. OSAH establishes a hearing date, reviews the information presented and makes a determination. The Administrative Law Judge (ALJ) forwards the hearing decision to the county, the case record is documented, and appropriate action is taken.

5.4.4.4.4 MEASURES

The Team identified the following outcome measure for the hearing process:

- A predetermined percentage of hearing requests processed within the prescribed time frame.

5.4.4.4.5 BENEFITS

This process will improve the communication between CAPS and OSAH. It will allow on-line review of case information by ALJ with the potential for faster adjudication of hearings.



5.4.4.4.6 CHALLENGES TO IMPLEMENTATION

In order for verifications to be the only necessary supporting hard copy documentation, OSAH staff and ALJs may have to be convinced to use the RCS to get case information. There are questions that must be addressed about whether OSAH Form 1 can be forwarded electronically to OSAH. What are the OSAH requirements for holding an administrative hearing and when are bench reviews used? And, should timeframes be established for monitoring the receipt of hearing decisions?

5.4.4.4.7 AUTOMATION ASSUMPTIONS

The RCS must:

- Generate a form or template for OSAH Form 1;
- Provide a tracking mechanism and scheduling component;
- Provide case record update functionality; and
- Allow OSAH inquiry access to the RCS.

5.4.4.4.8 PEOPLE WHO USE THE PROCESS

County case managers use this process.

ALJs may also use this process to review the case record. In order to use the process, however, they must have sufficient computer skills and training on the RCS.

5.5 UTILITY PROCESSES

5.5.1 DESCRIPTION

Processes used throughout all the Business Areas are termed Utility Processes. The Utility Processes identified by the BPR team are correspondence and publicizing CAPS.

5.5.2 RESPONSIBILITIES

The responsibilities of this area are to:

- Provide uniform communication mechanisms via system generated correspondence or through utilization of correspondence templates;
- Disseminate information via alerts, e-mail or letters, as appropriate; and



- Increase public and Division awareness of the CAPS program's initiatives and services.

5.5.3 INTERFACES WITH BUSINESS AREAS

The utility processes identified support each of the Business Areas identified.

Customer Service – Customers cannot be effectively served without adequate communication. Correspondence is the standard form of communication utilized to ensure that accurate information is provided to all customers. Effectively publicizing CAPS initiatives and services will ensure that customers understand the services available, the program requirements and their associated responsibilities to the program.

Provider Services – Correspondence is essential to provider registration, compliance monitoring and invoicing. In addition, an effective publicity campaign will enable providers to make informed decisions and will support provider registration, compliance monitoring and invoicing.

Program Support – The proper correspondence mechanism for communicating changes in policy will support dissemination of program information and training initiatives. Alerts will support effective distribution of caseloads. Effective publicity campaigns will augment the dissemination of information in a timely manner.

Program Integrity – Uniform correspondence will enhance Program Integrity. The case accuracy review, claims, referral of suspected fraud and hearing processes will all be reliant upon correspondence to impart vital program information. Publicity campaigns within the section will also support Program Integrity.

5.5.4 UTILITY PROCESS DESCRIPTIONS

The two processes identified as utility processes, correspondence and publicize CAPS, are detailed below.

5.5.4.1 CORRESPONDENCE

Correspondence is essential to effective communication. Correspondence may be accomplished via a system or worker generated alert, e-mail, or letter.

5.5.4.1.1 TRIGGERS

The correspondence process is triggered by the need to communicate.



5.5.4.1.2 OUTPUTS

The output of this process is the successful execution of communication.

5.5.4.1.3 WORKFLOW DISCUSSION

Correspondence can be automatically generated by the RCS or generated at the request of a CAPS worker. If the correspondence is generated by the RCS, the correspondence is forwarded via letter, alert, or e-mail. Letters are forwarded to a central location for processing, unless the worker elects to print the letter locally. If the notice is not automatically generated by the RCS, the CAPS worker can initiate the appropriate correspondence from templates available within the system. Free form text is allowed in specified areas of letter templates.

All correspondence has an option to select English or Spanish as the primary language. Future phases of implementation could further the RCS translation capabilities, allowing the option of multilingual correspondence.

5.5.4.1.4 MEASURES

The Team identified the following as outcome measures for the correspondence process.

- No hand written correspondence; and
- Reduced cost of supplies/postage.

5.5.4.1.5 BENEFITS

Improvements in efficiency, professionalism and service delivery should be realized immediately. All correspondence generated has standardized language and format. Centralized processing of all correspondence, unless a worker elects to print locally, should realize savings in costs due to utilization of bulk postage rates. All correspondence has an option to select English or Spanish as the primary language. Future phases of implementation could realize further multilingual capabilities.

5.5.4.1.6 CHALLENGES TO IMPLEMENTATION

It is critical to define potential correspondence needs and to develop the appropriate templates to support effective case management. Training should be developed to define the procedures for utilizing free form text to ensure that all correspondence conforms to ADA guidelines.

The CAPS Section will have to collaborate with the DHR legal staff to define the parameters for utilizing free form text. Can the customer be held accountable for



information outlined in free form text or should free form text be informational only?

5.5.4.1.7 AUTOMATION ASSUMPTIONS

The RCS must:

- Automatically initiate correspondence when appropriate;
- Provide correspondence templates;
- Specify areas where free form text is allowed (parameters must be defined);
- Allow the worker to forward correspondence multiple times;
- Provide a complete history of all correspondence;
- Have bilingual capabilities – Spanish/English; and
- Future phases of implementation may consider having multilingual capabilities.

5.5.4.1.8 PEOPLE WHO USE THE PROCESS

All personnel within the CAPS Section use this process.

5.5.4.2 PUBLICIZE CAPS

The need to publicize the CAPS program is integral to each activity performed by all personnel within the CAPS Section. The CAPS Section provides valuable assistance to customers and effectively supports low-income families in their attempt to become self-sufficient. It is vital for the CAPS Section, the Division and the Department to highlight CAPS initiatives and to generate positive public relations.

5.5.4.2.1 TRIGGERS

The need to publicize CAPS can be triggered by many actions, including the following:

- Funding becomes available;
- Parents or providers ask questions;
- State policy decisions are made; and
- Federal mandates dictate a change in policy.



5.5.4.2.2 OUTPUTS

The output of this process is increased awareness of CAPS.

5.5.4.2.3 WORKFLOW DISCUSSION

The CAPS Section must first determine the scope of the publicity campaign. The purpose of the campaign, goals of the campaign, target audience and the distribution method must all be determined. The Section must also identify who is responsible for creating the publicity campaign. Will a vendor contract be executed or will Section staff be responsible for the campaign? The campaign is then developed, implemented and evaluated for effectiveness.

5.5.4.2.4 MEASURES

The Team identified the following as outcome measures for publicizing CAPS:

- Determine if the campaign met the goals identified at project onset;
- A predetermined percentage of increased numbers of families applying for services; and
- Documented return on expenditures.

5.5.4.2.5 BENEFITS

There will be an increased awareness of CAPS, both within the public and within the Division. There will likely be an increased demand for CAPS services.

5.5.4.2.6 CHALLENGES TO IMPLEMENTATION

Obtaining funds to serve new families could pose a challenge. Funds should be allocated to the program areas with increased demand. The Section must process a potentially higher number of applications within the SOP established. The current staff allocation formula could impact the Section's ability to serve all customers and applicants.

5.5.4.2.7 AUTOMATION ASSUMPTIONS

The RCS must support the Section's desire to effectively publicize CAPS. Robust automated support will greatly enhance the Section's ability to publicize the program. The RCS must:

- Provide customers with the ability to document on the website how they heard about CAPS; and



- Future phases of implementation may allow for an Interactive Voice Response (IVR) system and/or a centralized toll-free phone number to provide customers with general information about the program.

5.5.4.2.8 PEOPLE WHO USE THE PROCESS

All personnel within the CAPS Section use this process.



SECTION 6 – LOOKING TO THE FUTURE

6 CONSIDERATIONS FOR IMPLEMENTATION

6.1 CRITICAL SUCCESS FACTORS

A critical success factor is an element that if missing, is likely to seriously deter the success of a project. The factors deemed most critical are outlined below.

- **Commitment of management**—Leadership and commitment from top management from both the Section and the Division are essential, or the implementation of the model cannot succeed. There must be a sustained commitment throughout the execution of the Change Management Plan (CMP).
- **Robust automated support**—The new model cannot succeed without both a new, automated system and maintenance support. Inherent in the new system must be functionality that truly supports the model. The ability to complete interactive Internet transactions is equally critical to the ability to process eligibility determinations. Imaging and electronic data storage will enhance the support from the RCS.
- **Vendor oversight**—The limited experience and expertise of CAPS staff in managing technology vendors that led to past development and implementation difficulties should not be repeated on the RCS. Securing the services of an independent third-party contractor to provide vendor oversight and to represent the State's interest during system design, development, and implementation is highly recommended.
- **Sufficient technological support**—A new CAPS system can only adequately support the model if it is dependable. It will be imperative that the application and the network on which it runs provide reliable and unflinching access for the Section's users.
- **Interfaces to legacy systems**—The new model is highly dependent upon data sharing with legacy systems. It is essential that the CAPS interface be a priority especially for SUCCESS. Failure of the legacy systems to provide the resources needed to accomplish the interfaces will significantly diminish the new model's effectiveness.
- **Effective Change Management Plan**—Change Management must receive adequate resources. Lack of adequate planning and staffing



- leads to diminished priorities within the plan that leads to lethargy that leads to inertia. Because of the limited number of staff in CAPS, it may be difficult to adequately staff a Change Management Team (CMT) with CAPS staff. Securing the services of a Change Management coach to keep the plan moving will ensure strong Change Management leadership.
- **Overcoming resistance to change**—People have a natural resistance to change. Although most employees would welcome automation, it is doubtful they are prepared for the amount of change that will be required to fully implement the new model and its enabling technology. Part of the change management plan must adequately address the ongoing need to engage staff and partners in preparing for the new model and help them embrace the change it will bring.
 - **Planning and policy support**—Much of the innovation in the new model is dependent upon changes to CAPS policy. While the changes are well within the purview of CAPS to manage, each of the policy issues must be addressed before implementation of the new model. Changes such as revised rate structures and reassessment of income limits for two-parent families are vital in supporting the kind of customer service envisioned by the BPR Team.
 - **Continuous two-way communication with staff**—Fear of change is normal. To allay fears, staff must be given the opportunity to know how they will be affected and what opportunities the new model presents. They must be given an opportunity for feedback. The best opportunities for continuous process improvement come from staff who are using the processes. However, the need for communication goes well beyond working through change. The model is fully dependent upon continuing, ongoing communication and exchange of information of ideas and information among staff and partners at all levels. A well-developed Communication Plan is essential.
 - **Continuous measurement of performance/benchmarking**—Performance measurement, both for processes and for individuals, is vital to the success of the change. If performance is not measured, reduction in service will not be noticed until the decline is at a critical level.
 - **New and ongoing system training**—The new RCS can improve the work environment for the employees who use it, but if they do not know how to operate the system, it will not serve them well, and they could be tempted to find ways to work around it. They must receive comprehensive training that meets their needs. Follow-up training and training on new components that may be added along the way are at least as important as initial training.



- **New and ongoing program training**—Coupled with system training is the need for comprehensive program training. Use of the new reengineered processes is dependent upon training. Policy and program information must be infused into the training as well. Taking advantage of new technologies and using readily available training resources such as outsourcing some training or the use of Internet tools will be critical to the ongoing success of training.
- **Development of strong partnerships**—The new model and its supporting automation are highly dependent upon solid partnerships with entities outside CAPS. It will be important to lay the groundwork for developing and strengthening those relationships early on. They must be cultivated for the mutual benefit of all parties.

It will be vital that CAPS and DFCS pay attention to the critical success factors outlined within this section. Failure to do so may find the project floundering several months into the implementation. Conversely, a total commitment to meeting the needs outlined above as critical success factors will almost surely guarantee the success of the project.



SECTION 7 –CHANGE MANAGEMENT

7 INTRODUCTION TO CHANGE MANAGEMENT

Organizations are often extremely susceptible to failure when it comes to new automation implementation projects or other major change initiatives. This is usually not because they are poorly planned or poorly executed, but because of a failure to understand the importance and value of effectively managing change activities and the impacts of those changes to the organization, its people, and the business environment. Change Management involves the orderly progression from a current or present state of being to a new or future state. In order for organizational or enterprise-wide change efforts to succeed, Change Management must be given proper attention.

7.1 UNDERSTANDING CHANGE MANAGEMENT

Understanding and managing change are principal themes in management circles today. Modern social, economic, and technological trends are forcing organizations to adapt to new operational environments in order to maintain viability. Change is inevitable. While the negative aspects of change may at first be more obvious than positive ones, change should be viewed as a potential opportunity to generate enthusiasm for new ideas and improving the organization as a whole.

Major change will create stress on any organization, large or small, because the nature of change is often highly interdependent. Altering one process can have an impact on every other process within the organization, either directly or indirectly (See Figure 7-1). This translates to having an impact on the people who are responsible for or affected by those processes as well. Therefore, the transition to a new way of doing business, and implementing new tools and processes to support that business, requires significant understanding and commitment at all levels of the organization. A structured, well-orchestrated plan is necessary in order to effectively manage major change within the operational environment.

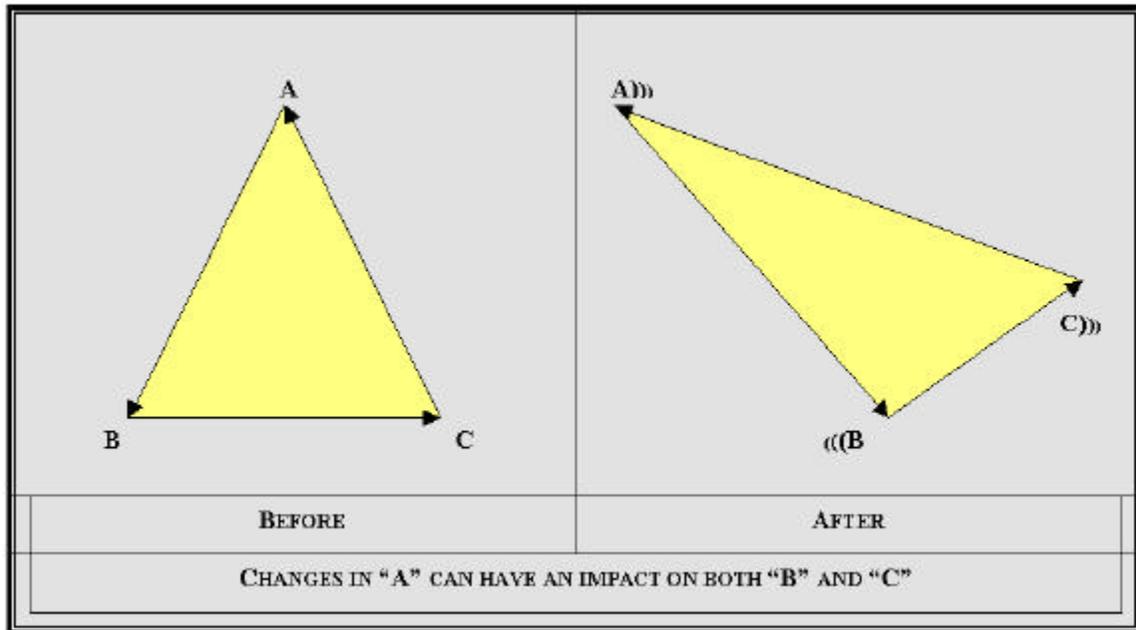


Figure 7-1

Resistance to change is often cited as the primary reason organizations fail to implement changes or manage change successfully. Employees and/or other important stakeholders who are complacent with the status quo, sense great risk, or who simply do not wish to participate, can doom a change effort, regardless of intent, resources, or executive support. No matter how beneficial new business processes may be for the organization, they still must be implemented in an environment that includes people.

Another common reason organizational change efforts can fail is that those charged to initiate, deliver, and/or follow-through with the necessary changes are swept back into the day-to-day routines of the old business model. This is especially true at the onset of change. As soon as “the new way” experiences complications, people often find it only natural to revert back to “the old way” of doing things, for the sake of getting the job done.

Failure can also be the result if individuals focus only on the technology changes associated with a new business model and expect technology to force organizational changes. If no consideration is given to the business model from a holistic perspective, advances in technology can actually complicate processes and cause a drain on important resources. Efficiencies, work behaviors, and organizational culture suffer from being either forgotten or neglected. Therefore, when managing major change on an enterprise-wide scale, improvements to



technology should be viewed as a means to the end result of conducting better business, not an end result in and of itself.

7.1.1 DEFINITION OF CHANGE MANAGEMENT

The term “Change Management” refers to the task of making changes in a planned or systematic fashion, generally with regard to implementing new methods or systems. These planned changes help organizations move from an “As Is” or *problem state* to a “To Be” or *solution state* in the most efficient and effective manner possible, while maximizing control of the situation. In the case of CAPS, Change Management refers to the actual implementation of the new, reengineered business model over the current business model.

7.1.2 PURPOSE OF CHANGE MANAGEMENT

The purpose of Change Management is to facilitate an orderly transition through planned changes and to formalize a campaign that will prepare administrators, line staff, customers, and strategic partners for implementation of the new business model. Change Management efforts associated with reengineering projects are primarily focused on successfully changing the organizational culture and equipping staff at all levels to be effective, highly skilled employees of the new, redesigned organization.

Specifically, the development of a detailed Change Management Plan (CMP) is the first step and key ingredient to the success of this “orderly transition” through the Change Management campaign. Many of the important and effective activities addressed by the CMP include, but are not limited to:

- Identifying short-term and long-term goals and securing the appropriate planning tools;
- Assessing staff and organizational needs;
- Defining the scope, complexity, schedules, and resources for planned change;
- Preparing all staff for new business practices through the most effective communication and marketing approaches;
- Progressively reducing resistance by communicating and demonstrating leadership, a sense of urgency, and the value of future changes.
- Identifying and removing barriers to managing change and implementing the new business model;



- Planning and executing the necessary tasks to support implementation of new processes;
- Providing an effective two-way vehicle for enterprise-wide communication where *Listening* is equally as important as *Leadership*; and
- Setting the tone for cultural change.

The CMP is generally considered a “living-plan” in so far as the proper authorities must be prepared to make continuous modifications based upon new discoveries of weakness in the original plan, missing elements, and/or new barriers to successful change. The need for these adjustments usually comes to light as the Change Management campaign moves forward.

The CAPS BPR Team has already identified several potential barriers to change that the Change Management Team (CMT) must contend with if the new CAPS business model is to be successfully implemented. Although more will undoubtedly be identified throughout actual implementation, the following list presents obstacles to Change Management that may already be in place for CAPS:

- Resources – In addition to the basic logistics associated with supplies, meeting facilities, travel costs, etc., CAPS must successfully manage the massive time and monetary commitment necessary from staffing, outsourcing, technology, and tools. Enterprise-wide change is a huge undertaking and ultimately involves some degree of effort or participation from all employees within the organization.
- Partnerships – Enterprise-wide change will have an effect on most if not all partners and their cooperation is essential to reducing potential barriers in the future. At the same time, partners are beyond CAPS control and contingency planning should account for the possibility that some or all partners may not be available for various CAPS Change Management initiatives.
- Empowerment of the CMT – It is important that the Change Management Team have the authority and autonomy to plan and execute the necessary actions for implementing a successful new business model. Otherwise, the organizational structure of CAPS, including administrative input from a minimum of 159 county offices, may present difficulties for CMT activities.
- Loss of Agency Priority – The CAPS BPR project has experienced excellent support from executives within CAPS and DFCS. This support is mandatory for a successful and effective change effort as well. Visible participation and leadership by example are essential.



- Establishing a Sense of Urgency – The ability of the CMT to effectively communicate a vision for change throughout the organization is key to establishing a sense of urgency and sustaining momentum for change. Without this sense of urgency, complacency undermines the change effort.
- Ensuring Short-Term Wins – Achieving short-term wins demonstrate an organization's commitment to change. However, these gains must be carefully planned and executed. Short-term losses can damage the credibility of the CMT and the Change Management campaign itself.
- Organizational Culture – CAPS has clearly demonstrated an organizational climate that is ready for change. The lack of technical support and numerous manual processes alone practically dictate a move toward more modern avenues of conducting business. However, CAPS is an organization, within an organization, within an organization. Many of the changes necessary for implementing the new business model may conflict with behavioral norms and/or shared values entrenched in parent organizations like DFCS and DHR. Overcoming this resistance to change is key to establishing a new culture within the CAPS Section.

Any one of these barriers has the potential to delay or interfere with the successful implementation of the new CAPS business model if not managed well. The CMP must be flexible enough to accommodate contingency plans as the change effort progresses. Barriers that are left unattended will undoubtedly creep into the project as additional cost items or will become serious unresolved impediments at the point of implementation, just when the organization is poised for success.

7.1.3 CHANGE MANAGEMENT AS A CHANGE AGENT

Change Management should be considered a separate activity from the Business Process Reengineering study that was recently completed. Although the BPR Team's concept for the new business model and recommendations will provide the CMT with the necessary guidance for initiating change, the Change Management campaign that is discussed within this section should be viewed as "the next project" rather than as a continuation of BPR. In order for Change Management to succeed, it must be given at least the same weight and attention as the BPR study, if not more. It will require a significant investment in thought, attention, time, and resources.



7.1.4 MANAGEMENT SUPPORT

It is essential that executives from the State office and managers from the field exhibit strong leadership and orchestrate the impact of human response to change within the organization. It is their leadership that will assist others in overcoming fear and resistance to change, adapting to new organizational boundaries and learning new skills, and maintaining continued support for change by demonstrating measurable success.

7.1.5 APPOINTMENT OF CMT, TEAM LEADER, AND EXECUTIVE SPONSOR

The right composition of the Change Management Team (CMT) is a critical factor for the success of the Change Management campaign. The CMT represents the spearhead of the change effort. Members will be responsible for taking action and completing the tasks necessary for implementing the new business model. Choosing the wrong people can derail the change effort before it officially begins. Listed below are several factors to consider when selecting the appropriate candidates for the Change Management Team:

- The CMT must be a group that is powerful enough to lead the change. Key players must be on board, especially front-line workers. Although proven managers are needed to drive the change process, the CMT must consist of more than just managers or staff buy-in will become difficult to secure. The effort is largely about “leading change”, implying a need for proven leaders.
- CMT members must be credible and respected individuals from within the organization. Otherwise, when the results of the project are presented, they will have minimal impact. Employees are more likely to follow leaders whom they are familiar with and whom they trust.
- The CMT must consist of individuals who have a diverse background in terms of both work experience and expertise to facilitate good decision-making. Knowledge and experience working with multiple program services, case management, policy development, modern information technologies, budgeting, customer service, etc., will be invaluable to the completion of the CMT’s mandate. At a minimum, CMT members should have a solid understanding of the current business model.
- Most of the CMT members should be representative of persons from different business areas who will be affected by the change process, that is, persons who will have to change their own day-to-day routines for the new business model. Ideally, persons responsible for input processes being changed and those using the output from those processes would be part of the CMT.



- Key individuals who do not have time to participate should not be asked to join the CMT. It is better to find or assign people who are able to dedicate the appropriate level of attention to the project. Also, team members should be motivated and enthusiastic about the Change Management effort itself. Availability alone will not be useful unless the individual is interested in using that availability for the benefit of successful change.
- CMT members should possess high quality interpersonal skills. The abilities to listen and communicate are essential both for participation as a team member and also for conveying the new way of doing business to other stakeholders. Critical thinking and analytical skills, the ability to multi-task, awareness of political influences, and a degree of IT knowledge are also necessary components for an effective CMT.
- It is essential to have some degree of representation from the CAPS BPR Team on the CAPS CMT, to provide the historical perspective and continuity regarding the BPR recommendations for the new business model.
- The size of the CMT depends on the size and needs of the organization—there is no magic number. In a large organization, up to 50 persons could be involved. In smaller organizations, the Team could start with a core of six or seven people but then grow to 10-12 as the Change Management Plan is implemented and/or additional expertise is needed for the team. Sub-teams will also be necessary as specific tasks for implementing the new model are carried out at the line level. If the CMT is too small, this could preclude tasks from being accomplished timely and undermine a broader sense of ownership of the project's results. This is especially true for CAPS and the multiple, statewide regions and county offices administering the program.

The first order of business for team members will be the clarification of roles and responsibilities for the CMT and the appointment of the official Team Leader. The Team Leader must be an individual who can build trust among CMT members and unify the team toward achieving the common goal of organizational excellence. The Team Leader will have the overall responsibility of keeping the CMT on task and communicating the actions of the CMT to the rest of the organization.

The authority and autonomy of the team must also be confirmed. The CMT must have sufficient authority to carry out its responsibilities. Otherwise, progress will be impeded, tasks will fail timely completion, and the change effort will suffer.



An adequate budget for the Change Management campaign should be developed for expenses such as training for team members, travel, tools and supplies, and ongoing communication.

The designation of an Executive Sponsor for the Change Management campaign is crucial. This individual is a resource for the CMT and is someone who will intervene when necessary to ensure that plans for change are implemented as designed. The Executive Sponsor will not direct the day-to-day activities of the CMT. That is the responsibility of the Team Lead. Rather, the Executive Sponsor will enhance the work of the CMT through authority and participation, support for CMT and Team Leader change initiatives, and the ability to engage other executive level partners and stakeholders, as necessary.

7.1.6 LEADERSHIP

In order to move forward, all sponsors for change, including executive levels of management and the CMT, must be committed to achieving the BPR vision. There must be an acknowledgement that the old ways of doing business are no longer effective. Leadership solidifies the vision and promotes enterprise-wide cooperation and collaboration. Emphasis should be placed on achieving planned timeframes and constantly defining and carrying out “next step” activities. Leadership must be accountable to all staff for the achievement of these goals.

Managing change is often a doubled-edged challenge. On one side, the organization must try to remain mindful of the impact of change on its employees. It is critical that employees understand, assimilate, and commit to the vision for change. It is the CMT’s responsibility to support that outcome. On the other side, the organization, once it commits to undertake change of this magnitude, must continue to move forward in spite of normal human resistance.

If the CMT weakens its resolve or fails to achieve important milestones, the internal momentum and motivation for change becomes very slow to restore, assuming it can be restored at all. A strong CMT empowered with the necessary authority and autonomy can ensure that the organization is prepared and that contingencies are in place to support and sustain the transition.

It is important to note that the traditional workload processes that employees have taken pride in managing for many years may be deemed redundant, obsolete, and/or non-value adding under the new business model. Leaders of the Change Management campaign must communicate an understanding that moving away from “comfort zones” can be very difficult and, although the work was valuable (and appreciated) at a time when there were no more effective alternatives, the time has now come to move on to other, more productive solutions. Most employees will not have had the opportunity for buy-in provided by the CAPS BPR experience and project findings, and some employees may



not see substantial personal benefit from the changes ahead. Leaders of the Change Management campaign must be acutely sensitive to this and must garner support for enterprise-wide change.

“Leadership is more tribal than scientific, more a weaving of relationships than amassing information...” Max DuPree in *Leadership is an Art*

7.1.7 CREATING MAJOR CHANGE

There are a number of methodologies to support various approaches to Change Management. Additionally, there are numerous templates, guidelines, and “tool-kits” to support these different approaches. GovConnect advocates a holistic approach to Change Management that follows an eight-stage methodology, incorporating and emphasizing the most valuable industry techniques for initiating a successful Change Management campaign. John P. Kotter, a nationally recognized Change Management scholar, provides a concise interpretation of these eight-stages in his book, Leading Change.

Stage I: Establish a Sense of Urgency – Impending doom can be quite a motivator, however, this stage speaks more to eradicating “complacency” from the organization. Getting people excited about change and overcoming those who are indifferent, apathetic, or who outright resist change is the real challenge.

Stage II: Create a Guiding Change Coalition - It is imperative that the CMT have the right people leading the change effort--people who have the right interpersonal qualities as well as expertise. It is important to remember that position is not necessarily as value-added as an individual’s ability to lead. In other words, influential leaders and pioneers for change might be found serving on the front lines of program administration.

Stage III: Develop a Vision and Strategy - This stage is often under-valued and at the same time, is often the most critical. A good vision clarifies the general direction for change; it motivates people; and it helps coordinate the actions of different people in an efficient way. However, defining and documenting a clear and effective vision that all employees and stakeholders can easily comprehend may be more difficult than it appears. At a minimum, the characteristics of an effective vision statement include being:

- imaginable,
- desirable,
- feasible,
- focused,
- flexible, and



- highly communicable.

Stage IV: Communicate the Change Vision - Communication should be direct, simple, and spared from the excessive use of jargon. Two-way communication is always the most powerful because it emphasizes the principle that management and the CMT are *listening*, rather than simply *dictating*. Many different marketing strategies should be used to get the point across and all available communication mediums should be employed. Communication cannot occur too often.

Stage V: Empower Employees for Broad-Based Action - Structural barriers and organizational constraints should be removed so that everyone is given an opportunity and the encouragement to participate. The necessary information, tools, and training should be made available at the right time and should include the appropriate degree of effort and attention. New behaviors, skills, and attitudes may be necessary in the new business environment and if so, they must be allowed to develop.

Stage VI: Generate Short-Term Wins - Positive feedback builds confidence, motivation, and momentum. Small successes validate the direction of the change effort and give the guiding coalition concrete data concerning the viability of their ideas. However, short-term wins must not be used as an excuse to curb the appropriate sense of urgency or the need for organizational change.

Stage VII: Consolidate Gains and Produce More Change - The credibility earned from empowerment and short-term wins can be used to set and tackle further change tasks. Additional people become involved in change activities. In this stage, participation and leadership is expanded to include those in the lower ranks.

Stage VIII: Anchor New Approaches in the Organizational Culture - The processes that exemplify the new business model must become ingrained in the daily routines of staff and in the strategic planning process. For example, promotional processes must be changed to be consistent with new business philosophies and practices. This is a difficult stage as the tendency is to revert to the old norms when a crisis occurs. Most of the cultural changes in behavioral norms and values come during this final stage of the Change Management campaign.

7.1.8 COMMON MISTAKES

Looking back at these eight stages for leading change from the perspective of “negative impact” or “not doing them”, it becomes much easier to see that there are several common mistakes that organizations can make which can result in the stifling of change initiatives. These mistakes include:



- Allowing Too Much Complacency - Without a continuing sense of urgency, people will hold fast to the status quo.
- Failing to Provide Adequate Resources - Change cannot occur by itself. It requires planning, tools, and people, dedicated to making change happen successfully.
- Failing to Create a Sufficiently Powerful Change Management Team - To have a successful, dedicated team that is empowered to effect change is a prerequisite. Single individuals, irrespective of their position or charisma, cannot lead a change effort alone.
- Under-Estimating the Power of Vision - Without a sound and understandable vision that can be described in five minutes or less, projects have little or no concise guiding direction and end up going nowhere.
- Under-Communicating the Vision– It will take more than a few meetings and memos to effectively communicate the right messages to the right people. It should be noted, however, that consistent communication is not a substitute for action. Leadership by example is invaluable as both words and deeds convey support for success.
- Permitting Obstacles to Block the New Vision - When obstacles are not directly confronted, staff feel disempowered or they lose faith in the change vision.
- Failing to Create Short-Term Wins - People lose interest and give up because there is no evidence that change can actually occur. The positive effects of changes are not visibly recognized and staff lose confidence in the change effort. This can be particularly damaging to organizations that have failed at multiple change attempts in the past.
- Declaring Victory Too Soon - After months of hard work, the first major short-term win is over-celebrated and the effort is commended. However, the CMT and other important players fail to keep the momentum moving forward and lose sight of the bigger picture, enterprise-wide change.
- Neglecting to Anchor Changes Firmly in the Organization's Culture – In other words, changes never become "*the way we do things around here.*" Old habits and non-value-adding processes are allowed to slip back into the everyday method of operation until the new model's processes collide with the old model mentality. This can result in chaotic operations, organizational disarray, losses in efficiency and productivity, and ultimately more stress for the organization and the people in it.



7.1.9 SUCCESS FACTORS

The ultimate success of any Change Management effort is greatly dependent upon several factors:

- A Well-Prepared and Committed Team - The CMT must be organized and dedicated to the cause. Members must be able to function well together, as a team.
- A Long-Term Commitment by the Organization - Change does not and cannot happen overnight. The organization must be prepared to commit to the long haul and keep working at the change until it happens as originally envisioned—or better.
- Continual Two-Way Communication - Change leaders must take time to listen. Press releases, slogans, newsletters and banners provide one-way communication. They are great for getting information out. But it is essential that the team leading change listen to the concerns and suggestions from line staff as well.
- Enabling Technology - The technologies employed must support the new business processes as well as be user-friendly. Automation *must* meet the needs of the users and *must* be reliable, as robust technology is often the backbone of major change initiatives.
- Creative Contingency Planning - It is not realistic to expect that successful organizational change will come easily. It is important for change leaders to be prepared for barriers to change. They must be prepared to make adjustments to the Change Management Plan (CMP) to manage or to get around obstacles.
- A Compelling Service Need That Demands Attention - There must be a sense of urgency that allows people to react/respond positively for change. Employees and other important stakeholders must recognize that change will be more beneficial than the current circumstance or current business model.

7.1.10 CAUSES OF RESISTANCE

Dealing with resistance is one of the most difficult aspects of Change Management. Resistance to change can be particularly difficult for large organizations where satellite groups within the organization are allowed to develop their own understanding and interpretations of the business model in place. Regardless of the degree of difficulty managing resistance to change, it is important to remember that people usually resist change for sound reasons.



Understanding this can help change leaders to formulate better strategies for overcoming this resistance. Example causes of resistance to change include:

- Staff are simply comfortable with the status quo.
- They believe the risks outweigh the benefits or the benefits have not been fully communicated.
- They have rational objections.
- They misunderstand the anticipated changes.
- They do not trust those responsible for implementing changes.
- They fear personal consequences such as failing at new tasks and/or responsibilities.
- The change is not consistent with their personal values.

7.1.11 OVERCOMING RESISTANCE TO CHANGE

People typically go through a series of emotional reactions when faced with change. Those responsible for effecting change must recognize that individuals who are resistant are no longer in a state of denial (typically the first emotional reaction to change). This is a positive – it demonstrates that the “resister” is beginning to react to and deal with how to move through the change.

Resistance to change can be passive or aggressive. In assessing forms of resistance, it is important to differentiate between those who are:

- Willing and able to change;
- Able but unwilling to change;
- Willing but unable to change; or
- Both unwilling and unable to change.

There are many strategies that leadership can use to overcome resistance to change. Examples include:

- Providing a Clear Understanding and Support for Business Issues and BPR Solutions – Resistance is often a reaction to misunderstanding. Clearly defining the intent of change and the progress of change efforts can prevent such misunderstanding.
- Help People Increase Their Competence - Prepare them for new roles and responsibilities by providing opportunities and challenges that will increase their knowledge and skills. Recognize that most people want to do a good job and that mastery is a powerful motivator for change.



- Show How the Change Will Benefit the Individual - Answer the eternal question that is on everyone's mind, "What's in it for me?"
- Involve People in Decision-Making Processes - Encouraging participation in determining simple things like how staff can help effect change within their own work area can allow employees the experience of being an integral part of the change effort.
- Listen, Acknowledge Feelings, and Indicate Understanding - Expressing feelings helps people to adjust to change. Leaders should provide for multiple avenues of feedback.
- Cultivate a Teamwork Value - Demonstrate that the willingness of people to cooperate and collaborate is valued. Create work assignments and change activities that require people to work together.
- Avoid Emotional Reactions to Resistance - Negative emotional reactions are generally counterproductive. Focus on what is causing the resistance and remove the barrier.
- Avoid Inadvertent Management Mistakes - Arguing with someone about their values or beliefs or criticizing workers in front of others is unacceptable management behavior and can be incredibly damaging to a Change Management effort.
- Establish a Positive Environment - The organizational climate should encourage staff to continually improve their abilities. Such a climate will usually continue to foster readiness for change as long as previous experiences have been beneficial to staff and the organization as a whole.

7.2 BPR TEAM RECOMMENDATIONS FOR CHANGE INITIATION

In August 2002, GovConnect facilitated a CAPS BPR Team focus group session concerning strategies for initiating change relative to implementation of the new CAPS business model. The intent was to help ensure that the momentum and enthusiasm generated from the CAPS BPR study will be sustained moving forward with the Change Management campaign. The BPR Team committed themselves to laying the groundwork for implementing the new business model by identifying common challenges and potential barriers for the Change Management Team, such as questions concerning resources and objectives and clarification of direction and "next steps".



7.2.1 BPR TEAM DISCUSSION

As an introduction to the subject of Change Management, members of the BPR Team were provided with a brief orientation defining concepts and critical success factors supporting successful organizational change efforts.

The Team also discussed the book, “Who Moved My Cheese?” by Spencer Johnson, M.D. The storyline involves characters who are faced with sudden change and chronicles the efforts of one who attempts to embrace change. The session generated discussions concerning the following important concepts relating to the dynamics of Change Management:

- *Gaining Support for Change.*
People will generally support change if they believe it is an earnest attempt at meeting their needs and if the benefits of the change outweigh the costs. They will also support change if it is planned appropriately and if those responsible for facilitating the change are trustworthy.
- *Encouraging Motivation for Change.*
People are motivated by feelings of personal competence and capability. They are also motivated by a sense of meaning and purpose, respect, and acceptance.
- *Dynamics of Cultural Change.*
Beliefs and values influence human behavior and individual responses to change. Organizational beliefs and values about work may need to be challenged if they conflict with the new business model.
- *Assessing Resistance.*
Some individuals are willing to change but not capable, while others are unwilling to change, while quite capable. The causes of extreme resistance can usually be found to include a lack of trust, lack of confidence that the change will succeed or ever happen, and/or a belief that the change is unnecessary.
- *Overcoming Resistance.*
Individuals should be shown how change will benefit them, personally. They should also be given the tools to help them feel comfortable and confident with change.
- *Purpose of Change Management.*
The basic purpose is to provide an orderly transition and to prepare staff for change. Effective Change Management strategies include developing a communications plan and identifying and resolving barriers to achieving success.



- *Resources for Change Management.*
Staffing, time commitments, and operational budgets must be clearly defined. A Change Management Team and Executive Sponsor are essential.
- *Roles and Responsibilities of the Change Management Team.*
The CMT members must have a clear understanding of their objectives and how they fit into the organization.
- *Success Factors and Common Mistakes.*
Understanding the impact of both success factors and making common mistakes will allow the CMT to better plan for contingencies and implement more effectively.
- *A Generic Approach to Enterprise-Wide Change Management Includes:*
 - Thoroughly defining and communicating the new business model.
 - Determining expectations from management regarding implementation.
 - Preparing a detailed Change Management Plan, including important elements such as a communications plan (both internal and external) to transfer the vision of the new model and an assessment plan to determine the change readiness of staff and the organization as a whole.
 - Making contingency plans. Explore and define alternative options for proposed change.
 - Selling the plan. The plan must be marketed to all stakeholders and strategic partners utilizing all available mediums.
 - Executing the plan. Take action to actually implement new model processes.
 - Measuring results. Establish evaluation techniques for monitoring progress.
 - Reporting results. Information should be shared with the whole organization and should be shared regularly, particularly concerning short-term wins.

7.2.2 PROCLAMATION FOR CHANGE

For change to be meaningful, it must be focused by a vision that can be easily communicated. To help direct the CAPS business model change effort, the BPR Team developed the following "*Purpose of Change Proclamation*" that succinctly



describes the new business model and provides guidance for an enterprise-wide change effort. These statements represent the BPR Team's vision for concepts, features, and benefits supporting the new, reengineered CAPS business model.

Purpose of Change Proclamation

The new business model will allow CAPS to continue to accomplish our mission and to provide excellent services.

It will do this by:

1. Serving as a superior solution to providing child care services and representing Georgia as a model for other states to follow;
2. Standardizing and simplifying customer access to services;
3. Eliminating unnecessary processes, duties, and responsibilities from program administration;
4. Implementing new, flexible technologies that will ensure accuracy and efficiency in our business and will meet the needs of all users;
5. Deploying a well trained workforce, properly equipped to handle the challenges of program administration;
6. Encouraging partnerships, communication, and collaboration internal to the section, as well as with all appropriate stakeholders;
7. Monitoring, tracking, and interpreting customer trends and reporting requirements for the continuous improvement of customer services;
8. Accounting for flexible and responsive policy development with consideration for programmatic, as well as systematic impact.

All of which will result in the following benefits:

- High quality, accessible, and affordable child care services for Georgia's children and families;
- Clarity, consistency, and support for initiatives promoting the most efficient and effective administration of the program; and
- Having the right tools and information available to reinforce a dual emphasis on quality customer services and program integrity.



7.2.3 ROLE OF CHANGE MANAGEMENT

The BPR Team established the following goal and objectives for the CAPS Change Management campaign:

The goal of all Change Management efforts is simply to move from the current business environment to the new business model in an orderly and efficient manner, while maximizing control over the situation.

The objectives of CAPS Change Management activities are to:

- Ensure close coordination with all strategic partners with regard to the scheduling of tasks and follow-through of BPR recommendations.
- Develop an official CAPS Change Management Plan, including contingency plans to circumvent obstacles to successful change.
- Secure and schedule the appropriate resources and logistical support for Change Management activities. Define budget and resource allocations. Determine the budget impact for the new business model.
- Educate staff on all components of new business model. Develop training/orientation processes that are supported by a marketing strategy, targeted specifically for each stakeholder. Develop ongoing communication strategies that utilizes every possible type of media, i.e.: e-mail, newsletters, bulletins, group meetings, presentations, etc.
- Champion the change effort. The CMT will be responsible for taking action and leading by example. The CMT sets the tone for the development of a new organizational culture.
- Develop appropriate timelines for the implementation of tasks and phases of the project. Ensure that new standardized processes are implemented as designed. Develop a methodology for ensuring follow-through and measuring success.
- Continue to evaluate current statutes, rules, regulations, and policies as they relate to the new business model. As needed, help define new policies and procedures that are consistent with new model processes.
- Determine the final organizational structure of the new business model, including staffing needs and timelines. Routinely re-evaluate processes based on value and use. For example, as customers begin using the Internet, the impact to workloads will need to be assessed.
- Implement the BPR vision and Steering Committee goals for a new and improved CAPS business model.



7.2.4 CHANGE MANAGEMENT TEAM (CMT) ROLE AND RESPONSIBILITIES

The role of the Change Management Team (CMT) is to prepare the CAPS Section for enterprise-wide change and to identify and remove barriers whether they are structural, cultural, or policy-related.

The recommended responsibilities of the CMT are to:

- Develop and implement a detailed Change Management Plan (CMP).
- Redesign elements of the CMP, as needed. The CMP is viewed as a dynamic, living document. As tasks for various activities are formulated and finalized and as the enabling technologies are fully defined, the Plan will evolve into the tool required to guide the transition to the new business model.
- Establish communication and marketing plans that continually communicate the new vision in the most efficient and effective manner possible.
- Coordinate and assist with the development of consistent training modules for Change Management Team members and for processes representative of the new business model.
- Assess staffing needs and skills such as proficiencies within program knowledge, technical capabilities, and change readiness.
- Coordinate and cooperate with strategic partners and other entities to address identified needs – staffing resources, IT, Budget, etc.
- Continually identify and resolve barriers that emerge. Provide the Leadership and support necessary for successful implementation, enterprise-wide.

7.2.5 AUTHORITY/AUTONOMY OF CHANGE MANAGEMENT TEAM

The CMT is charged with significant responsibilities and it is critical that they be given the commensurate authority to carry out those responsibilities. Otherwise, progress will be impeded and the CMT will become ineffective.

The BPR Team recommends that the CMT be given the authority to:

- Make decisions affecting operational processes and organizational structure of the new business model.
- Execute detailed Change Management activities as necessary and/or upon approval from CMT leadership.
- Determine when an adjustment or change to the CMP is necessary.



- Define and implement contingency plans.
- Stay on task. The Change Management effort must remain a priority in order for team members to maintain positive momentum. Responsibilities outside of the change effort must remain secondary to the CMT cause.

7.2.6 RESOURCES FOR CHANGE MANAGEMENT

In order for the CMP to be successfully implemented, the CAPS Section, as well as DFCS, must be willing to commit adequate resources to the effort in terms of money, people, and time.

7.2.6.1 OPERATING BUDGET

The BPR Team has envisioned that an adequate budget will be necessary to satisfy the following Change Management expenses:

- Printing and copying costs incurred for communication, marketing, and training initiatives.
- Office supplies.
- It is anticipated that additional costs for “personnel services” will be incurred for temporary workers who support the CMT or who assist in covering workloads for those persons on the CMT and/or participating in CMT initiatives. This may include the recruitment and selection of additional CAPS staff.
- Travel costs and staffing accommodations (as necessary).
- Costs associated with potential outsourcing needs such as consulting services and securing the appropriate technology and tools.
- Costs associated with partnering and securing stakeholder interests.

The Change Management budget envisioned presumes that workspace for the CMT can be made available from existing resources.

7.2.6.2 STAFFING FOR CMT

The CMT must include members from a diverse background in terms of both work experience and discipline, in order to facilitate creativity and quality decision-making. Employees who have experience with multiple programs are preferred. However, CAPS expertise is a pre-requisite.



The CMT must be a group that is powerful enough to lead the change. Individuals on the team should have strong interpersonal skills, possess critical thinking and analytical skills, and be credible within the Section and trusted among peers. The composition of the Team may change or expand, depending on the expertise necessary for a particular phase of the change effort. Also, as specific Change Management activities near implementation, sub-teams may be necessary, including representatives from disciplines outside of CAPS program administration.

The table below describes the recommended composition, number of positions, and time commitments for core CMT members for the first phase of the CAPS new business model Change Management campaign.

Position	#	Time Commitment
Executive Sponsor	1	Weekly
Team Leader/Project Manager	1	Full Time
BPR Team Representation	1-2	Full Time
CAPS Field Consultant	1-2	Full Time
County Supervisor/Case Manager	1-2	Full Time
Administrative Assistant	1-1.5	Full Time
Change Management Consultant "Coach"	1	Part Time – Full Time (as necessary)
Subject Matter Experts and Partners: <ul style="list-style-type: none"> • Budget Representatives • Policy Representatives • Administrators/HR • IT • Partners • Case Managers/Supervisors 	X	<p>The time commitment for Subject Matter Experts and other partners will vary, depending on the coordination/input that is needed and the task at hand.</p>
Total Number of Recommended CMT Positions:	7 – 10 (+ Sub-Teams)	

7.2.7 NEW MODEL IMPLEMENTATION SCHEDULE

It is estimated the entire CAPS Change Management campaign may span two to three years. This estimate is subjective and assumes minimal resistance and few barriers to success. These dates should not be considered "official" as unknown factors may easily influence timelines and schedules. Projected



timelines for key Change Management activities over the next three years are delineated below:

- **9/02** – Initiation of Change Management Activities. Identify and prepare CMT Members and Executive Sponsorship.
- **9/02-3/03** – Preparation of detailed Change Management Plan (CMP); Procure and begin development of automated support for the new business model.
- **3/03-6/03** – Implementation and evaluation of laboratory and pilot CMP activities
- **7/03-2/04** – Statewide implementation of all processes not requiring automated support. The goal is to achieve at least 80% of the plan's objectives by 1/04, before the beginning implementation of new automation support and piloting the new business model.
- **1/04-3/04** – Piloting of new automation and new business processes.
- **3/04-12/04** – Begin implementation of automation to support the new business model.
- **1/05 – 6/05** – Full, statewide implementation of the new CAPS business model, enterprise-wide.

7.2.8 MANAGEMENT ENDORSEMENT

Strong support from executive management for a successful change effort is crucial. The BPR Team recommends that the following persons and representatives be designated as sponsors for the CAPS Change Management campaign:

- Juanita Blount-Clark, DFCS Director
- Steve Love, DFCS Deputy Director (acting DFCS Director);
- Bonnie Murray, CAPS Section Director (Executive Sponsor for CMT);
- DHR Deputy Commissioner's Office;
- CAPS Change Management Steering Committee; and
- GTA/DHR IT.



7.2.9 NEXT STEPS

The CAPS Section has expressed a desire to move forward with implementing the newly developed business model. To that end, the following steps are necessary to begin realizing the BPR vision:

- Finalize the BPR project and review “Lessons Learned” (debrief and prioritize steps for initiating Change Management campaign).
- Release RFP for new automated support of the reengineered business model.
- Identify Change Management Team candidates and secure commitment (both philosophical and time) from CMT members.
- Conduct orientation and train CMT members.
- Facilitate ‘Planning-to-Plan’ sessions (identify initiation activities and short-term goals; conduct pre-communications planning; manage logistics and schedules, etc.)
- Secure a budget and the appropriate resources for initiating and sustaining the Change Management campaign.
- Begin design of a detailed Change Management Plan (CMP).

These steps will ensure that the CMT gets off to a good start and will enhance the probability of successful implementation for the new business model. Appendix H presents the CAPS Section with a beginning outline for the development of an official Change Management Plan. Members of the Change Management Team will carry the ultimate responsibility of completing this outline, approving the details of the CMP, and completing the activities necessary for implementation of the new model.



SECTION 8 – AUTOMATION REQUIREMENTS

8 OVERVIEW

This section discusses the automation requirements determined by the BPR team to effectively automate the new CAPS business model with the logical flow of these requirements documented in Appendix E. The defined automation requirements support each of the below business sections in the new business model.

- Customer Services;
- Provider Services;
- Program Integrity; and
- Program Support.

Definition of the functional automation requirements is the beginning for the development of a CAPS web-based Robust Childcare System (RCS). Next is the development of a Request For Proposal (RFP) by the BPR team to detail the technical requirements such as system architecture, programming language, system availability (e.g. 24x7), and response times. From the RFP responses, CAPS will select a vendor for the development of the RCS. The awarded vendor will be involved in the CAPS Joint Application Development (JAD) sessions for the RCS to define the system requirements. After CAPS has accepted the system requirements with signature approval, the awarded vendor will develop the RCS specifications covering:

- Data elements and formats;
- Parameters with associated pages;
- Extensible Markup Language (XML) pages;
- Database structure including purge, archive and data retention requirements;
- Audit Trails;
- DHR and other agencies interfaces; and
- Standard and Ad Hoc Reporting for users.

Upon acceptance of these RCS specifications from CAPS with signature approval, the awarded vendor will begin the development phase. The development phase is followed by the below phases:



- Unit and system testing;
- Quality assurance; and
- Parallel processing.

After the completion of the parallel processing phase and approval from CAPS of the completed RCS, CAPS and the awarded vendor will implement a pilot of the new application. A successful pilot will allow statewide implementation of the RCS with the following approach:

1. Metro Atlanta MAXSTAR™ counties;
2. Other MAXSTAR™ counties; and
3. Regional groups of counties.

The completed statewide implementation will result in CAPS having a productive RCS providing effective support of the new CAPS business model. This business model support will create a responsive and timely CAPS operating section with highly effective and quality service delivery to customers, partners, other DHR programs and other agencies.

8.1 CUSTOMER SERVICES REQUIREMENTS

The automated Customer Services requirements will support the following functions:

- Application Registration;
- Eligibility Determination;
- Correspondence (Note: Correspondence is referred to elsewhere as a utility process, but is included here as it is required to support Customer Services);
- Waiting List;
- Inter-county Case Transfer; and
- Assessing Fees.

8.1.1 APPLICATION REGISTRATION MODULE

The purpose of the application registration module is to provide CAPS with the necessary information to determine a customer's potential eligibility for child care assistance. After the language selection and before entering data for this on-line application, an Eligibility wizard will execute for pre-screening an applicant to determine if an application is feasible.



The application for child care assistance can be completed by a CAPS user or by a customer on the Internet or in the lobby of the local DFCS county office. If a customer enters the application and there is an existing case for this customer, a Pop-up Page will execute to notify the customer to contact the local county office with the displayed telephone number. Also, if the customer provides a SSN, an interface with the Social Security Administration is proposed to verify the SSN.

If the provider option for each child has been selected and entered on the on-line application registration, the RCS will automatically check if the provider has any investigations and/or if possible, Child Protective Service issues before continuing data entry. If the chosen provider has a recorded event, the RCS will provide a list of licensed providers in the area for selection or if the customer prefers, select contact information for the local county office and local Resource and Referral agency. If the customer decides to contact the local office before proceeding, the RCS will store the entered application information.

8.1.2 DETERMINING ELIGIBILITY MODULE

The purpose of the determining eligibility module is for the RCS to determine if a customer is eligible to receive child care assistance based on new or changed information such as the customer's demographics, residency, household composition, occupation, training and income.

After a user in a county office has been notified of an application assignment, case transfer, a related program change from the data in SUCCESS, case record changes or claim, the RCS will link to the appropriate eligibility pages for data entry. The link from this notification will include the existing application or case number to display the current information on the customer. The user will add or modify any required information for the RCS to accurately calculate eligibility with any notes entered in the Pop-up Notes page for each application page.

If the user does not have all of the information to complete the required fields, the RCS sets the Eligibility Undetermined flag and does not modify the existing case record or build a case record from the application. This action requires the user to accept the letter defaults or set the appropriate *Letters* parameter with the SOP then, the RCS prints a letter for mailing to the customer. Based on the SOP, the customer will have to respond with the necessary information to continue eligibility determination. If the customer does not respond within the SOP, the application is denied and closed or the case is closed by the RCS.

If the RCS determines the customer is not eligible by comparing the calculated total income and entered age for each child to the *Family Unit Rules, Benefit and Eligibility Verifications* parameters, the Not Eligible flag is set and the RCS will propose closure to the existing case record or application is denied unless the appropriate user selects the Waiver Option to override the eligibility



determination. After the user completes all of the Notes pages and the record is closed, the user accepts the default or sets the *Letters* parameter with SOP then, the RCS prints a letter for mailing to the customer. The Letter informs the customer that child care assistance is not available and details an explanation for the denial or closure.

If the RCS determines the customer is eligible by comparing the calculated total income and entered age for each child to the *Family Unit Rules*, *Benefit* and *Eligibility Verifications* parameters, the application number becomes the case number or the existing case number is used. If there is an existing case number in SUCCESS, this existing case number is added to the case record. If the RCS can determine from the proposed interface that funds are not available, the Waiting List flag is set and placed on the Waiting List by the RCS. If the PeopleSoft or Office of Planning and Budget Services (OPBS) interface is not possible, the RCS will support a funds management module.

If funds are available, the RCS, after the case record is completed, updates the Provider record with the customer information and assigns a certificate number. The certificate number is displayed on the certificate page for the user to enter or modify the type of care and other certificate fields. The RCS determines the provider reimbursements and the customer's assessed fees from the selected type of care and the *Fees* parameters.

After the user completes all of the Notes pages, the certificate is printed for the customer with another copy mailed to the provider.

To suspend a case, the *Type of Suspension* parameter selected by the user determines the length of suspension to initiate the **Correspondence** module.

8.1.3 CORRESPONDENCE MODULE

The purpose of the correspondence module is to execute communications.

After a user in a county office has been notified of requesting additional verification, scheduling an appointment, periodic review, referrals, provider dismissal, license revoked, general correspondence or a particular type of case disposition, the RCS will link to the correspondence page. This initiation of the correspondence page will be for an application, case, provider, CAPS program or other program SUCCESS records that are based on the *Correspondence* Parameters.

The *Correspondence* parameters will indicate the appropriate letter, e-mail, certificate or internal program notification for action to the customer, provider, CAPS user or other related program user. After the RCS has completed this action, a history of the correspondence documentation and action is stored for possible review or re-initiation.



8.1.4 WAITING LIST FUNCTION

The purpose of the Waiting List is to maintain the case records for families that cannot receive child care assistance until funds are available. The RCS can determine if and when funds are available from the proposed interface to PeopleSoft or OPBS. If these interfaces are not possible, a funds management module will be initiated.

If funds are not available at the time the CAPS case record was initiated, the RCS sets the Waiting List flag and records the date and time the flag was set. Once a week, the RCS can determine if funds are available from the proposed PeopleSoft or OPBS interface. If funds are available, the RCS will clear the Waiting List flag for each case record in chronological order and assign the case to an individual in the county office based on the determined County Office ID, Position ID, and the County Assignment Indicator. After the Position ID has been selected, the RCS will compare the *Maximum Case Load Limit* parameter against the existing number of cases to verify case can be assigned to the selected individual with the Position ID.

After verification of the case assignment, the RCS sends a Priority 2 SOP notification to the assigned individual including the link to the eligibility determination page.

8.1.5 INTER-COUNTY CASE TRANSFER MODULE

The purpose of inter-county case transfer module is to allow a user to transfer an existing CAPS case for a customer who has moved to another county within the State. If the customer notifies his new county office after he has moved, the address change is not made directly in the case record after displaying the record. The new county office enters the new address with any case notes and the RCS stores the address change with a Priority 1 Change Address notification to the existing case manager. Once the existing case manager is notified of the new address, the case manager will accept the address change and any case notes in the case record.

If the customer notifies the existing county of their new address, the existing county enters the address with any associated case notes directly in the case record.

After the case record update, the RCS assigns the application to an individual in the new county office with a Priority 2 SOP notification that includes a link to the eligibility determination page.



8.1.6 ASSESSING FEES MODULE

The purpose of the assessing fees module is to allow a user to enter the variables for the RCS to calculate an accurate customer fee. The variables that require data entry are:

- *Family Unit Rules* parameters;
- *Fee* parameters;
- Provider reimbursement formula;
- Customer fee formula;
- Waiver Option; and
- Provider Reimbursement Override Option

From the definition of these variables, the RCS can calculate each customer's assessed fees.

8.2 PROVIDER SERVICES REQUIREMENTS

The automated Provider Services requirements will support the following functions:

- Provider Registration;
- Provider Compliance; and
- Invoicing.

8.2.1 PROVIDER REGISTRATION MODULE

The purpose of the provider registration module is to obtain information on the providers approved or requesting approval from the State to receive reimbursement for child care provided to the CAPS customers. These providers have classifications such as formal, informal and Tier 1, 2, 3, or 4 and active or inactive status.

For the RCS to maintain information concerning licensing, compliance, claims and investigation will require proposed interfaces to:

- SUCCESS through the Client Registration System (CRS);
- Office of School of Readiness;
- Office of Regulatory Services;
- Georgia Childcare Council; and



- The future SACWIS application for Child Protection Services (CPS) information.

In addition, it is anticipated that Child Care Licensing (CCL), will require access to the provider registration module and that other system requirements will be defined to fully support licensing.

The RCS will track licensing, compliance and inspections for each provider to display this information when provider records are accessed.

8.2.2 PROVIDER COMPLIANCE MODULE

The purpose of the provider compliance module is to track and monitor providers. The tracking and monitoring informs CAPS and other appropriate agencies if providers are in compliance with State and Federal guidelines and if not, the RCS will provide the information to determine if dismissal is required.

There will be a page that displays the provider record for the user to make modifications with every modification requiring a Priority 1 Change Provider notification sent to the appropriate staff of any impacted case records.

For active, inactive, dismissal, licensing, compliance, claims, investigations and CPS actions, the RCS will send a Priority 1 Provider Compliance notification to the appropriate staff of any impacted case records. For dismissal or status change actions, the RCS will initiate the **Correspondence** module after the user has updated the action in the provider record.

For formal providers, the RCS will automatically send Priority 2 Formal Provider Monitoring notifications to the third party group or vendor, most likely, CCL for annual compliance monitoring. The type of monitoring is based on the *Provider Compliance* parameters.

For informal providers, the RCS will automatically send Priority 2 Informal Provider Monitoring notifications to the third party group or vendor for six-week site visit, first six month or annual compliance monitoring. The type of monitoring is based on the *Provider Compliance* parameters.

8.2.3 INVOICING MODULE

The purpose of the invoicing module is to ensure providers are accurately paid for child care services delivered to children assisted financially by CAPS. The invoices can be entered by providers over the Internet or mailed to another third party group or vendor for processing.



After an invoice over the Internet is confirmed for submission, the amount of payment is displayed in a message frame. Internet invoices are automatically processed by the RCS.

Invoice pages are pre-populated with case record information with a re-call option and edits on all fields for reconciliation. Entered hours of service for each CAPS field are verified against the child age, dates of service, service times in the case record and Fees parameters. For the hours of service fields entered for non-CAPS children, data is stored as part of the case record for tracking purposes only and verification edits are not necessary.

The RCS will reject any invoice that:

- Does not match verification data or meet accounting controls requirements;
- Exceeds limits in rules and parameters;
- Has more than one type of care for the same child with the same date of service and the same provider; or
- Is a duplicate with a Priority 1 Duplicate Invoice notification to the third party group or vendor sent from:
 - An Internet invoice that matches another Internet Invoice
 - A paper invoice that matches a submitted Internet invoice
 - A paper invoice that matches another paper invoice.

The rejected invoices are displayed as invalid on a message frame of the invoice page or by an e-mail notification to providers rejected during invoice processing.

A history of the invoice records is required for accumulated multiple payments for each provider into one total with a set Central Accounting flag and submission of tax information to the IRS and providers paid by the RCS.

During the check processing, actual checks are printed with the final total amount for each provider or non-transferable checks are issued for electronic transfers.

8.3 PROGRAM SUPPORT REQUIREMENTS

The automated Program Support requirements will support the following functions:

- Caseload Distribution; and
- Training.



8.3.1 CASE LOAD DISTRIBUTION MODULE

The purpose of the caseload distribution module is to allow the appropriate user to transfer individual or multiple cases among their assigned case staff.

The caseload distribution page from the selection and weight criteria will display case information on the selected records to assign the new case manager with these selected individual or multiple cases. After assignment of these selected cases, the RCS will send a Priority 3 Case Distribution notification to the county staff receiving or losing cases with notification letters to the impacted customers. Supervisors will have the capacity to override the system assignment.

8.3.2 TRAINING WEB SITE

The purpose of the training web site is to expand the access and consistency of important training topics to the statewide CAPS staff. The training web site will have an index of available topics by user id accessible from the RCS Main Page.

The training topics will have review, beginning, intermediate and advanced levels for selection by the user with the last page selected and a history of scores by user.

8.4 PROGRAM INTEGRITY REQUIREMENTS

The automated Program Integrity requirements will support the following functions:

- Case Accuracy Review;
- Claims;
- Suspected Fraud Referral; and
- Hearings.

8.4.1 CASE ACCURACY REVIEW MODULE

The purpose of the case accuracy review module is to provide the appropriate users with the capability to select cases for any inaccuracies.

A user accesses the case review page that displays the appropriate case record based on the selection criteria. The user will identify fields for modifications within the case record with these identifications and any Notes stored for the case manager to review the identified fields in the Priority 1 Review Changes notification sent by the RCS.



After the identified fields have been modified and saved in the case record, the RCS will send a Priority 4 Acknowledgement notification back to the user.

For reporting, the RCS will record time durations between change notification and acknowledgement.

8.4.2 CLAIMS MODULE

The purpose of the claims module is for the RCS to record information and inform appropriate users of over and under payments by CAPS customers and providers. This over and under payments determination is accomplished by the RCS comparing a data entry change in a case or provider record to the original data to calculate new invoice amounts from the change against payments received in the invoice records. After determining an over or under payment, the RCS builds a claims record with the associated case or provider record ID and sends a Priority 1 Claim determination notification to the case manager.

For claims information, the user can enter or modify all required claims and/or suspected fraud referral information on the claims page based on a form template with an override option and a message frame for any existing claims and/or investigations.

For an active case, the RCS will initiate the **Correspondence** module for case closure notice to the appropriate user.

For an active provider record, the RCS will initiate the **Correspondence** module for a provider-offset notice to the provider and a Priority 2 Off-set Notification to the third party group or vendor.

When a customer or provider does not meet a scheduled payment, the RCS will send a Priority 2 Scheduled Claim Payment Not Received notification, as appropriate, to the case manager or the third party group or vendor.

After a payment is entered on a claims record, the RCS will initiate the **Correspondence** module for a receipt containing the outstanding balance and payment to the customer or provider.

8.4.2.1 SUSPECTED FRAUD REFERRAL FUNCTION

The purpose of the suspected fraud referral is to allow CAPS and the Office of Investigative Services (OIS) to record monitoring of customers and providers suspected of fraud. CAPS customer or provider suspected fraud referral monitoring is initiated by the RCS when a user sets the **Suspected Fraud Referral** flag on a case or provider record. After the **Suspected Fraud Referral** flag has been set, the RCS will initiate the **Correspondence** module for notification with a case or provider record link to OIS.



The Claims page is initiated from the notification record link or a user selects a record ID from a patterned search. The pages display all the information required for OIS supporting documentation including disposition, offset and payment schedule.

If a suspected fraud referral becomes an OIS case, the RCS will send a Priority 3 Case notification to the appropriate county and OIS staff for claims status.

The RCS will perform an export of all OIS case information to Evaluation and Reporting.

8.4.3 HEARINGS MODULE

The purpose of the hearings module is to monitor and record the results of all CAPS customers' hearing requests. After a CAPS user is notified of a hearing request, the user will perform a patterned search to select the appropriate case record in the hearing module to build a hearings record. If the selected case is within pre-determined thresholds and closed, the case may be re-opened.

The hearing request will require a proposed interface to OSAH and if not possible, a history of the hearing records is required.

After a user updates the hearing record with the hearing request, date/time and mediation date/time/result and if applicable, hearing date/time/result and/or appeal date/time/result, the RCS automatically updates the hearing record with the appropriate application or case record information.

8.5 FUNCTIONAL REQUIREMENTS

8.5.1 GENERAL REQUIREMENTS

Listed below are the general functional requirements that apply to all modules and functions in the RCS.

Requirements
If interfaces to PeopleSoft and/or OPBS is not possible, a funds management module will be required to contain the CAPS reimbursement budget.
Layouts for case, provider, invoice, claim and hearing records
Language Selection with <i>Primary Language Codes</i> before launching module pages accessed by customers and printing of letters, notifications, and types of correspondence to customers and providers
Patterned searches for similar names and addresses of existing record retrievals during the initial data entry of module pages



Case Notes and Activity Pop-up pages for case, provider, claim and hearing records
Priority 1 – 3 level notifications contain record IDs and appropriate module page reference links to execute out of the messages
Parameter pages for direct access and access from modules for their required parameters
A user-friendly web-based Report Writer for any user to generate ad hoc reports
All printing functions have options for local, central, or local and central outputs
Primary data fields will have hyperlinks to on-line policy and if necessary, training topics
Family Unit Ages calculated from Date of Birth
Family Relationship Codes
Block Grant Codes
City, State and County fields pre-populated from Zip Code lookup
Verify entered addresses are in the correct Zip Code
Sex and Race indicators
Contact Type Codes with date and time code recorded and message/response
Complete flag is set for each record when the user enters “y” in Record Complete message frame required for all new and updated records
Before the RCS assigns an application or case record to an individual in the county office based on the determined County Office ID and the County Assignment Indicator, the existing number of cases are compared against the <i>Case Load Limit</i> parameter to ensure the individual’s case load is not exceeded.
System date will pre-populate appropriate date fields with date edits on input date fields
All data entry fields, parameters, flags and options in pages can be modified until the user responds “y” to confirmation message
Message frame to display all input fields error messages
Reference to “User” or “user” represents individuals in CAPS until the appropriate secure access is determined for particular CAPS positions
Display the number of claims, licensing, compliance and inspections when a provider record is accessed in any module or function
Claims records have the case and provider record ID field for linking as additional information to the case and provider data
Hearing records have the case record ID field for linking as additional information to the case

8.5.2 APPLICATION REGISTRATION

The table below represents the functional requirements for application registration.

Requirements
A customer can access application registration pages through the Internet or in



the lobby of the local county front office and complete an application as long as the individual does not have an existing unpaid claim, case or other program related case from SUCCESS
<p>Eligibility Wizard</p> <ul style="list-style-type: none"> • Enter family unit information with <u>Special Need</u> flag; • Multiply gross income amount if Pay Indicator weekly, bi-weekly, twice-per-month or monthly for annual amount based on <i>Family Unit Rules</i> parameters; • Calculate annual amount and other sources of income – Alimony, Child Support, Veteran’s Benefits, Unemployment Benefits, Worker’s Compensation, Social Security Benefits (Other than SSI) - for total income; • Determine potential eligibility based on <i>Benefit and Eligibility Verifications</i> parameters by comparing to calculated total income and entered age for each child; • If not potentially eligible, display message frame that the Customer Name doesn’t meet eligibility criteria and if there are any questions, display local office contact information from the determined county office; and • If potentially eligible: <ul style="list-style-type: none"> – Display calculated Assessed Fees from <i>Family Unit Rules</i> and <i>Fees</i> parameters; – Complete check boxes for verification checklist; and – User completes application pages with updated demographic, household composition, residency and relationships, occupations, training and income information.
Existing CAPS applications or cases record added dates, demographic, residency, household composition, occupations, training and income information pre-populated
Proposed SUCCESS and STARS existing case demographic, residency, household composition, occupations, training and income information pre-populated with user entering Application Date
SSN Verification from proposed interface to Social Security Administration application
Existing claims, investigations and CPS information from Provider Records
If any investigations or CPS events for Provider, list other providers and availability from the determined county office ID or message frame to display contact information from this ID. An appropriate user in the local county office can override the RCS and enter the original vendor.
If user logged in, Pop-up Notes Page for every individual application page
Message Frame for all required fields not completed
After each page is saved, set flag to <u>Incomplete</u> for any required fields not completed



If flag is <u>Incomplete</u> , the system sends a letter based on the <i>Letters</i> parameters with associated SOP
If flag is <u>Complete</u> : <ul style="list-style-type: none"> • The RCS displays Rights and Responsibilities page with application number for the customer to complete check boxes to print out application for signature; • The RCS displays in a message frame with an option to print the local county office mailing information for the customer to mail verification checklist information; • The RCS assigns the application to an individual in the county office; and • The RCS sends a Priority 2 SOP notification to the assigned individual.
Exception processing based on <i>Error-Prone</i> parameters for customer case records.

8.5.3 DETERMINING ELIGIBILITY

The table below represents the functional requirements for determining eligibility.

Requirements
Application assignment, case transfer, related program change, case record changes or claim notifications will link the record ID and the appropriate eligibility page to begin data entry
Existing CAPS applications or cases demographic, residency, household composition, occupations, training and income information pre-populated and Claims module payment comparison initiated for data entry changes
User will add or modify fields to update the existing record including text in the Notes Pop-up
During data entry if not all of the information required for eligibility determination has been submitted by the customer, the user can select the Information Not Available option in the message frame displaying the identified required fields not completed. After selection of this option, the RCS sets the <u>Eligibility Undetermined</u> flag and does not modify the existing record or build a case record. This action requires initiation of the Correspondence module with the record ID
User has the option to override letter defaults with the <i>Letters</i> parameters and the associated SOP for printing
Eligibility is calculated utilizing the Eligibility Wizard total income calculation then comparing the total income amount and the age for each child to the <i>Family Unit Rules, Benefit</i> and <i>Verification</i> parameters
If not eligible, the user completes all case Notes in Notes Pop-up then, the RCS will give the user the option for Waiver to override and if not selected, sets the <u>Not Eligible</u> flag.
If the <u>Not Eligible</u> flag is set, the user can accept the defaults for the letter



notification to the customer or initiate the Correspondence module with the record ID
If eligible and not a suspension, the application number becomes the case number or the existing case record is updated. If an existing case from the proposed SUCCESS interface, this existing case number is added to the child care case record.
If eligible and a suspension, the RCS updates the existing case record with the <i>Type of Suspension</i> parameter selected by the user and determines the length of suspension to initiate the Correspondence module
From the proposed PeopleSoft or OPBS interface – if not possible, a funds management module – the RCS can determine if funding is not available, the <u>Waiting List</u> flag is set and placed on the <u>Waiting List</u> by the RCS
If funds are available and after the user has completed all case notes in the Notes Pop-up pages, the RCS updates the provider record with the customer information and assigns the certificate number in the case record to initiate the Certificate page
In the Certificate page, the user enters or modifies the type of care and any other certificate fields to allow the RCS to determine the provider reimbursements and assessed fees
After the user has completed all Notes pages, the user will print the certificate.
Exception processing based on <i>Error-Prone</i> parameters for customer case records

8.5.4 CORRESPONDENCE

The table below represents the functional requirements for determining eligibility.

Requirements
Correspondence page initiated from requesting additional verification, scheduling an appointment, periodic review, referrals, provider dismissal, license revoked, general correspondence or a particular type of case disposition
The RCS, with the proposed interface to CRS for SUCCESS records, will determine the actual correspondence page for initiation based on the <i>Correspondence</i> parameters that will identify the records, any action and type of correspondence documentation
The <i>Correspondence</i> parameters will indicate the appropriate letter, e-mail, certificate or internal program notification for action to the customer, provider, CAPS user or other related program user
All correspondence documentation will need the print options to suspend, print individually or in bulk.
<i>Letters</i> parameters with free form text option and printed language selection
Letters that require an appointment will set the appointment dates from an import of the user’s Novell GroupWise Calendar available dates and times with an



export to the GroupWise Calendar for the set date and time with the customer or provider's name and record ID.
All updated fields and case Pop-up Notes will need to modify the stored records including changed customer information on provider records.
If a customer does not respond by the end of the SOP initiated from the <i>Correspondence</i> Parameters, the RCS sends a Priority 1 Application Denied notification to the case manager or sends a Priority 1 Request to Close Case notification to the case manager.
History of the correspondence documentation and action for review or re-initiation

8.5.5 WAITING LIST

The table below represents the functional requirements for waiting list.

Requirements
Proposed interface with PeopleSoft or OPBS - if not possible, a funds management module - to provide actual county/State funds at time of application. The proposed interface would allow the RCS to determine if funds are not available to set the <u>Waiting List</u> flag in the case record
Once per week, the proposed PeopleSoft or OPBS interface - if not possible, a funds management module – would allow the RCS to determine if funds are available and remove the <u>Waiting List</u> flag from the case record in chronological order.
If the Waiting List flag is removed, the RCS assigns the application to an individual in the county office
The RCS sends a Priority 2 SOP notification to the assigned individual with the link to the eligibility determination page

8.5.6 INTER-COUNTY CASE TRANSFER

The table below represents the functional requirements for inter-county case transfer.

Requirements
New county enters address in temporary storage with notification of new address and associated county from zip code with Priority 1 Address Change notification sent to the existing Case Manager to accept the case record update - Notes Pop-up
Existing county enters address with the associated county from zip code or existing case manager accepts the address change in the case record for update - Notes Pop-up
After the case record update, the RCS assigns the application to an individual in the new county office



The system sends a Priority 2 SOP notification to the assigned individual with the link to the eligibility determination page

Exception processing based on *Error-Prone* parameters for customer case records.

8.5.7 ASSESSING FEES

The table below represents the functional requirements for assessing fees.

Requirements
Define the <i>Family Unit Rules</i> and <i>Fees</i> parameters
Define the formula for calculating provider reimbursements
Define the formula for customer assessed fee
Waiver option for customer assessed fee
Override option for provider reimbursement
The RCS will require all assessed fees definitions, formulas, parameters, and providers' reimbursements to calculate the provider reimbursements and customer fees.
Audit trails for all changes and waivers with updates to provider, application and case records
Exception processing based on <i>Error-Prone</i> parameters for customer case records.

8.5.8 PROVIDER REGISTRATION

The table below represents the functional requirements for provider registration.

Requirements
Provider records need to include type of providers, demographics, type of care, banking information and tier level with associated organizations
Fields for <i>Provider Status</i> , Active or Inactive, licensing, compliance, claims and investigation information for each provider record
Proposed interface to CRS for SUCCESS records, Office of School Readiness, Office of Regulatory Services, Georgia Child Care Council and SACWIS application (CPS)
Access for OIS and CCL
Track the number of claims, licensing, compliance and inspections for each provider record
RCS will display any claims and investigations on record selections
Informal provider requires customer information update
Pop-up Provider Reimbursements
Claims and Investigations Report by provider or by county and provider



8.5.9 PROVIDER COMPLIANCE

The table below represents the functional requirements for provider compliance.

Requirements
Due to site-specific licenses, provider record page to update modifications with the RCS sending Priority 1 Change Provider notification to appropriate staff of impacted records.
For active, inactive, dismissal, licensing, compliance, claims, investigations and CPS information, the RCS will send a Priority 1 Provider Compliance notification to appropriate staff of impacted case records
For dismissals or status change, the RCS will initiate the <u>Correspondence</u> module.
If Formal provider, the RCS will automatically send Priority 2 Formal Provider Monitoring notification to the third party for annual compliance monitoring with the type based on <i>Provider Compliance</i> parameters
If Informal provider, the RCS will automatically send Priority 2 Informal Provider Monitoring notification to the third party for six-week site visit, first six-month or annual compliance monitoring with the type based on <i>Provider Compliance</i> parameters
History of new records and modified records

8.5.10 INVOICING

The table below represents the functional requirements for invoicing.

Requirements
Invoice pages with Internet access will have pre-populated case record information and attendance record fields to track caps and non-caps children.
After Internet invoice confirmed for submission, amount of payment is displayed in a message frame.
Internet invoices are automatically processed by the RCS with verification of age, date of service, service times and <i>Fees</i> parameters.
Users with pre-populated case record information and re-call option enter paper invoices on invoice pages. After acceptance of keyed information in an hours field, the RCS will automatically verify against age, date of service, service times and <i>Fees</i> parameters.
Any invoice not matching verification data, not meeting accounting controls, exceeding limits in rules and parameters or more than one type of care for the same child, same date of service and same provider are invalid.
Invalid invoices with <i>Exception Code</i> are displayed on the data entry page or e-mail notification to providers for Internet invoices with a daily report of invoices not processed for payment.
Invoice reconciliation page for submitted invoices with editing on all fields



The RCS will ensure duplicate invoices were not submitted from the Internet for submitted paper invoices or Internet invoice to Internet invoice or paper invoice to paper invoice with Priority 1 Duplicate Invoice notification to third party.
Accounting controls and <i>Invoice Adjustment Codes</i> are implemented before processing payments
Checks are processed for verified payments and with multiple payments for one provider accumulated into one amount with <u>Central Accounting</u> flag. Non-transferable checks are printed based on <i>Invoice Transfer Method</i> and an invoice receipt for each invoice paid.
Tax records are submitted to IRS based on their requirements with copies to providers
Exception processing based on <i>Error-Prone</i> parameters for customer case records.
History of invoices and payments processed at provider, case and individual levels

8.5.11 CASELOAD DISTRIBUTION

The table below represents the functional requirements for caseload distribution.

Requirements
User selects cases for transfer based on defined selection and weight criteria
User can transfer individual or multiple case records among county staff.
RCS sends Priority 3 Case Distribution notification to staff receiving new cases and losing cases with notification letter to the impacted customers

8.5.12 TRAINING

The table below represents the functional requirements for training.

Requirements
Develop training Web Site that has an index page for modules with link from the RCS Main Page
When appropriate, modules will have practice exam pages with a display of the final score in a message frame
Modules maintain last topic page selected and have review, beginning, intermediate and advanced levels
User save option
Hyperlinks from data fields in the RCS to the on-line policy
History of modules with associated scores completed for each user

8.5.13 CASE ACCURACY REVIEW

The table below represents the functional requirements for case accuracy review.



Requirements
User accesses Case Review Page to select cases from selection criteria
Ad Hoc Report for users to select cases being reviewed with each case having a link to display case record pages
For review, appropriate fields are identified for modifications from the selected cases with case review Notes Pop-up for each record page
RCS sends Priority 1 Review Changes notification to the case manager to review identified changes and correct the fields
RCS sends Priority 4 Acknowledgement after case manager completes the changes
Track notification date and times to reflect durations between change notification and acknowledgement
Reports showing errors identified, cases reviewed, proposed changes and Notes

8.5.14 CLAIMS

The table below represents the functional requirements for claims.

Requirements
The RCS will compare a data entry change in a case or provider record to the old data to calculate new invoice amounts from the change against payments received in the invoice records. If the RCS determines there is an over payment or an under payment, a claims record will be built with a Priority 1 Claim Determined notification sent to the case manager
User enters record ID or performs a patterned search for existing records then, enters the type of change on the claims record with the appropriate information and dates based on a form template. A message frame is displayed for any existing claims and investigations. Claims record is associated with existing case and provider records
RCS initiates the Correspondence module for obtaining a Repayment Agreement. If the Repayment agreement is not returned, the RCS will automatically distribute the appropriate notices to the customer or provider according to <i>Repayment Agreement Reminder</i> parameters.
RCS sends a Priority 2 Scheduled Claim Payment Not Received notification to the Case Manager and the third party when a customer does not meet a scheduled payment
For an active case, the RCS initiates Correspondence module for case closure notice to the appropriate user
For active provider records, the RCS initiates Correspondence module for provider offset notice to the third party group or vendor
Claims record page for data entry of payment schedule and the amount of each payment (Override Option), record changes and payments with calculation of new balances
After a customer payment is recorded, the RCS initiates the Correspondence



module for a receipt to the customer.
History of claims records

8.5.15 SUSPECTED FRAUD REFERRAL

The table below represents the functional requirements for suspected fraud referral.

Requirements
User sets the <u>Suspected Fraud Referral</u> flag on the case or provider record to initiate Correspondence module for referral template with the record link to OIS
Claims module is initiated from referral link or user enters record ID or performs a search for existing records with existing information and the appropriate information required for OIS supporting documentation – OIS Access
Priority 3 OIS Case notification sent to appropriate county and OIS staff of claims status
User updates claims record with disposition, offset and payment schedule
Appropriate county staff receive claims report – Evaluation and Reporting Export

8.5.16 HEARINGS

The table below represents the functional requirements for hearings.

Requirements
User enters application number or case number from search with existing information and the appropriate information required for the hearing record. If case closed and within thresholds, may need to be re-opened
The hearing request and if applicable, withdrawal with <u>Request Withdrawn</u> Flag is transferred to OSAH – OSAH IN/OUT Interface . NOTE – If OSAH interface not possible, history of hearing information is required
After a user updates the hearing record with the hearing request, date/time, mediation date/time/result; and if applicable, hearing date/time and result and appeal date/time/result, the RCS automatically updates the hearing record with the appropriate application or case record information
Report of records with hearing and appeal dates and without hearing or appeal results

8.5.17 AUDIT

The table below represents the functional requirements for audit trails.

Requirements
Track date and time of all notifications, records are added to the database and when <u>Complete</u> flag is set



Track date, time and the actual change to records
Track date, time and the actual waivers for records
Track date and time when exception processing was required for records

8.5.18 RCS ADMINISTRATION

The table below represents the functional requirements for the administration of the RCS.

Requirements
CAPS Signature Acceptance: <ul style="list-style-type: none"> • Data Elements; • Security administration and maintenance; • Individual Program Screens; • Parameter Screens; • CRS, STARS, PeopleSoft, OPBS, ORS, OIS, OSAH, OSR interface formats and access • Waiting Lists Purge requirements; • Field links to on-line help and policy; • Retention and archival of case, provider, invoice, payments, tax, claims, hearing and audit records; and • Standard and Ad Hoc Reporting requirements, layouts and execution times.
Unplanned and planned downtime procedures
Back-out procedures (Configuration Management)
Back-up procedures
Disaster Recovery procedures

8.5.19 CHILD CARE REPORTING

The table below represents the functional requirements for standard and ad hoc CAPS reports.

Requirements
RCS allow the appropriate users to view and generate standard and ad hoc reports from application pages
Automatic scheduling of standard reports
Generation of reports in various file formats including web pages (XML), Adobe Acrobat (.pdf) and Microsoft Excel (.xls)
Generation of mailing labels
Generation of Federal reports for R&R and E&R
Automatic report distribution



8.5.19.1 SAMPLE REPORT LISTING

Functional Area	Report Title	Description	Frequency
Customer Services	Re-determinations Report	List the cases with actions due or performed during a particular period.	On-request
	Directory of Active Cases Report	List all the Active Cases for a particular Office or worker.	On-request
	Single Case Audit Report	Generates detail information for a particular Case but suppresses confidential information.	On-request (Scheduled)
	Cases without children or missing certifications	List cases with no children and children without a provider statewide or by County	Monthly/Annually
	Payment System Management Report	Summarized totals and counts of enrollment, expenditures etc. by Expense Category, Provider Type and Care level.	Monthly/Annually
	Enrollment/Attrition Summary Report	Count of Enrollments and Attritions for a Time period.	On-request
	Enrollment Statistics Report	Count of Children enrolled for a particular time period by Funding.	Monthly/Annually
	Children Enrolled in Type of Care	List of Children Enrolled by Type of Care by Provider.	On-request
	Cases Closed Report	List of Cases closed during a particular time period.	Weekly/Monthly
	Prioritized Waiting List Report	List of Cases in waiting list by priority.	On-request
	Waiting List Aging Report	Count of cases in waiting list by age.	On-request
	Family Co-payment Validation Report	List of cases with a mismatch in co-pay.	Weekly/Monthly
	Enrollment History Report	History of enrollment for each Child enrolled in a particular case.	Monthly/Annually
	Summary of Families in Service Report	Provides the list of all Cases that are currently in service	On-request
	Special Needs Children Report	List of all children identified as having special needs	Monthly/Annually
	Child Count and Expenditures by Funding	Provides Counts and Totals of Children enrolled, Units of Care and Expenditures	Monthly/Annually
	Attrition Report	Count of children who have left from service from a specific cohort.	Monthly/Annually
	Customer Mailing Labels Report	Generate Customer Mailing Labels.	On-request
	Enrollment and Associated Payments Report	Provides Enrollment and Associated Payment Information for a particular Service Period	On-request
	Customer Claims Report	Listing of customers with overpayment and underpayments	Monthly/Annually
Provider Services	Service Threshold Report - Summary	List of all providers serving more children than their license capacity and the count of children receiving service on each day of the week.	Weekly



	Service Threshold Report - Detail	Children listed on the previous report with their actual schedule for each day of the week.	Weekly
	Provider Directory Report	List of all Providers by Office and their corresponding capacity	On-request (Scheduled)
	Provider Rates Report	List of all Providers and their rates broken down by rate type.	On-request (Scheduled)
	Provider Enrollment Report	List of all Providers and the children enrolled at each location	On-request
	Multiple Provider Report	List of Children with multiple concurrent enrollments.	On-request
	Agreement Renewal Report	List of providers with Agreement Due with in a Time Period.	Weekly/Monthly
	Provider Mailing Labels	Generate Mailing Labels for Providers	On-request
	Provider Discounts Report	List of Providers and their corresponding discounts structure.	On-request (Scheduled)
	Dismissed or Provisional Providers	List of providers dismissed or in provisional status	Monthly/Annually
	Provider Claims Report	List of providers with overpayments and underpayments	Monthly/Annually
	Encumbrance Report	Encumbrance by Funding from Start of Enrollment & Report Date to the end of FY	Monthly/Annually
	Funding Agency Billing Report	Amount billed per Child to the Provider by Funding Source	Monthly
	State Report for Funds Management	Total Funds encumbered, Expenditures, Children Enrolled etc by Funding Source, Program	Monthly/Annually
	Returned Payments Monitoring Report	List of all Payments returned undeliverable.	Monthly
	Invoice Status Report	List of all invoices and their corresponding status.	On-request
	Children not Invoiced	List of all children without an invoice	Monthly/Annually
	Projected Account Balance Report	Account balance report for each Child enrolled	Monthly
	Final Payment Report	Detail Payment report with activities	Monthly
	Payment Issuance Review Report	List all the past payments for Service Period by County, Category and Customer	Monthly
Program Support	Caseload Listing by CM per Supervisor	Generates listing of cases assigned to each CM under a particular supervisor.	On-request (Scheduled)
Federal	ACF 800	Annual Aggregate Childcare Data Report	Annually
	ACF 801	Monthly Childcare Data Report	Monthly



8.5.20 EVALUATION AND REPORTING SERVICES

The table below represents the functional requirements for Resource and Referral (R&R) and Evaluation and Reporting (E&R).

Requirements
Appropriate provider and customer demographics for R&R to define profiles
CAPS trends
Appropriate case load data for E&R to meet Federal reporting requirements
Appropriate staff data for E&R to meet Federal reporting requirements

8.5.21 SYSTEM INTERFACES

The table below represents the proposed system interfaces to the new RCS.

Requirements
SUCCESS through CRS
PeopleSoft
STARS
ORS for CCL
OSR
Social Security Administration
CCRS
Novell GroupWise Calendar
Georgia Child Care Council
SACWIS Application
DOL
Department of Revenue for State and Federal Tax records
Evaluation and Reporting
OPBS
EBT.AS

8.5.22 PARAMETERS

The list below represents the identified general parameters during the new business model development for the new RCS.

- **Password Changes;**
- **Primary Language Codes;**
- **Bad Address Code;**
- **County Office IDs with Position IDs to replace generic user references;**
- **Staff assignments and weighting factors for each county’s applications and case load limit;**



- County Staff who can set case Confidential flag and have access to each county’s confidential cases;
- Customer Referrals; and
- Types of case suspensions

Appendix I represents the identified potential parameter types for the new RCS.

8.5.23 HISTORY MAINTENANCE

The table below represents the records that require retention.

Requirements
User information
County information
State Offices information
Accounting Offices information
Applications
Cases
New and modified Cases
Invoices
Payments and Check information
Providers
New and modified Providers
Training topics and associated scores for each user
Claims
Hearings
Audits
Correspondence letters, forms and templates
Standard Reports History

8.5.24 SECURITY MANAGEMENT

The new RCS must meet the security requirements and specifications standards established by the Georgia Technology Authority (GTA) and DHR OIT. Also, the RCS access passwords will require synchronization with DHR network passwords.

8.5.25 FUTURE TECHNOLOGY REQUIREMENTS

After the initial development of the new RCS based on the functional requirements described in this section, additional technology tools for the RCS



can be considered to enhance the productivity of CAPS. These enhancements include:

- Centralized statewide Change Center;
- An interface to address and telephone databases for accurate address verifications;
- An Interactive Voice Response Unit supported by a central call center for statewide CAPS:
 - Frequently Asked Questions;
 - County Office Hours of Operations, address and phone numbers;
 - Provider's Hours of Operations;
 - Eligibility pre-screening; and
 - Weekly child attendance dates and times from parents; and
- Wireless automated child attendance from provider locations.



**APPENDIX – A
BPR PROJECT TEAM**



The CAPS BPR Project Team

The CAPS BPR Project Team is comprised of GovConnect staff and CAPS representatives from both the State and county office.

GA CAPS State and County BPR Team Members:

Frenda Norwood: CAPS BPR Project Manager

Carol Hartman: Policy Consultant, State Unit CAPS

Gloria Washington: Consultant, State Unit CAPS

Danielle Brown: FICM I, DeKalb County CAPS Case Manager

Brenda Cash: FICM I, Columbia County CAPS Case Manager

Ari Gosa: FICM I, Richmond County CAPS Case Manager

Yvette LaVerne Seales: FICM I, Clayton County CAPS Case Manager

GovConnect Staff and BPR Oversight:

Gwen Williams: S.E. Delivery Manager; Project Oversight

Cheryl Baxter: CAPS BPR Project Manager

Michael Lawrence: Business Analyst

Kathy Harris: Business Analyst

Robert Zwald: Technical Analyst

Jeri Webb: Administrative Assistant



APPENDIX – B
STEERING COMMITTEE



CAPS Steering Committee Members

- Juanita Blount-Clark:** Director, Division of Family and Children Services (DFCS)
- Steve Love:** Deputy Director, Division of Family and Children Services (DFCS)
- John Hurd:** Chief Information Officer, Department of Human Resources (DHR)
Commissioner's Office
- Bonnie Murray:** Director, Childcare and Parent Services (CAPS) Section
- Howard Willis:** Director, Economic Support Services (ESS) Section
- Wilfred Hamm:** Director, Social Services Section
- Ellen Skinner:** Director, Field Coordination Section
- Linda Russell:** Director, DHR/IT
- Alan Davis:** Director, Fiscal Services Section
- Godwin Akhirome:** Assistant Director, Office of Financial Services
- William Presley:** Director, Greene County DFCS
- Susan Maxwell:** Executive Director, Georgia Child Care Council
- Marsha Moore:** Acting Director, Office of School Readiness (OSR)
- Geraldine Jackson-White:** Director, Professional Development Section
- Edward Fuller:** Director, Evaluation and Reporting Section
- Jo Cato:** Director, Child Care Licensing Section
- Kathy Wilcox:** Deputy Director, Child Care Licensing Section
- Lynn Sims:** Chief, DHR/IT
- Roger Smith:** Budget Administrator, DHR/DFCS



APPENDIX – C

COMPARISON OF NEW AND OLD MODELS



COMPARISON OF CURRENT MODEL VS. NEW MODEL

CURRENT ENVIRONMENT PAPER DRIVEN	NEW MODEL WITH RCS SUPPORT
Customer Obtains Program Information:	
Information is available on the Web providing brief descriptions of the CAPS Program, how to choose a provider and how to apply for child care assistance. There is a link to assist the customer in obtaining local DFCS addresses and phone numbers.	Detailed information is available on the Web in regards to the CAPS Program, how to choose a provider and how to apply for child care assistance. A customer may apply on-line or download an application form. There is a link to assist the customer in obtaining local DFCS addresses and phone numbers and in obtaining assistance from the local child care Resource and Referral agency. Links to ORS and OSR allow customer to search for child care providers near work or home.
The customer may call and request child care assistance or visit the local DFCS office to begin the application process. At request, most counties require customers not identified as eligible for priority services to complete an inquiry form prior to submitting an application.	There is no inquiry form.
Inquiry:	
The inquiry form has to be hand-delivered, faxed or mailed to the local DFCS office. It cannot be e-mailed.	There is no process for inquiry. All those wishing to receive assistance apply.
Once the inquiry form is received, the local DFCS office then may, pre-screen for potential eligibility and place the	



CURRENT ENVIRONMENT PAPER DRIVEN	NEW MODEL WITH RCS SUPPORT
client on the waiting list; place the client directly on the waiting list without pre-screening for priority eligibility; or set up an appointment for the client.	
The county may or may not elect to evaluate the inquiry form for eligibility prior to the customer's completion of an application.	
If the inquiry form is evaluated and the customer is deemed ineligible, the inquiry form is placed in the closed inquiry file. The customer may or may not be notified that he is ineligible.	
Customers placed on the waiting list may or may not be notified of their status. Most local DFCS offices manually track names on the waiting list, even in MAXSTAR™ counties.	
A customer may call to inquire about their status on the waiting list. Depending on the tracking mechanism utilized in the county, staff may or may not be able to determine the customer's status on the waiting list, including the number of customers ahead of the customer and the potential time frame until funds are available.	Customers are only placed on the waiting list if they meet all eligibility requirements for low-income child care assistance and funds are unavailable. The RCS will track funding availability and indicate to CAPS staff when funding is available to serve a customer. The waiting list is cleared on a one off, one on concept based on date of application. Customers may access the Internet to determine their position on the waiting list.
Intake:	



CURRENT ENVIRONMENT PAPER DRIVEN	NEW MODEL WITH RCS SUPPORT
Once the local DFCS office determines that the customer is potentially eligible for priority services or there are funds available to serve non-priority customers, the customer is notified via mail or in person. Most counties have developed county specific forms to notify customers of appointments.	
An appointment time or day is established for an interview. Counties schedule initial interviews in a variety of ways. Counties may allow walk-in applications and interviews, require appointments or conduct group orientation and screening sessions prior to conducting interviews.	
The applications utilized by the counties are inconsistent. All non-MAXSTAR™ counties use the manual Application for Child Care Services (Form 60). Some MAXSTAR™ counties use the manual “Application for Child Care Services” (Form 60) <i>and</i> the MAXSTAR™ on-line application. Other MAXSTAR™ counties use the MAXSTAR™ on-line application only.	
The application must to be hand-delivered or mailed to the local DFCS office; it cannot be faxed or e-mailed. (The application may be completed at the face-to-face interview.)	The application can be filed on the Internet, by fax, by mail or in person. It can be done anywhere – at home, at the library, at a school –anywhere with a computer and an Internet connection available for public use. Staff will be assigned to be available to assist the customer in completing on-line applications if there is a problem. Paper applications will also continue to be available in each local DFCS office.



CURRENT ENVIRONMENT PAPER DRIVEN	NEW MODEL WITH RCS SUPPORT
When DFCS receives the application in the mail, a staff person opens the envelope and date stamps the application. If the application is received in person, it is also date stamped.	No one has to open the envelope if the application is received via the Internet. If the application is received via fax or in person, it is date stamped.
The applicant may contact DFCS and talk to the person who will be processing his application. The applicant may ask for a list of child care providers or request other information.	<p>If an application is filed via the Internet, an e-mail is returned advising the applicant which case manager has been assigned to review his application, and assigning a PIN with which the applicant can check the status of his application. The applicant can check the status of his application on the Internet at any time (on-line checklist). An incomplete application cannot be submitted over the Internet. Edits prevent the submission if any questions are unanswered and direct the customer to a person that s/he can contact for assistance.</p> <p>The applicant may contact DFCS and talk to the person who will be processing his application.</p> <p>RCS automatically assigns the review of applications to the case manager in the appropriate county office. The assignment is based on current workload and/or expertise of staff, with manual override capabilities. Each county determines the formula the system uses to assign cases.</p>
The customer must participate in a face-to-face interview during regular office hours to be determined eligible to receive benefits.	No face-to-face interview is required. Customers do not have to miss work to apply for benefits. A customer can elect to have a face-to-face interview.



CURRENT ENVIRONMENT PAPER DRIVEN	NEW MODEL WITH RCS SUPPORT
<p>Some counties require that the customer have all required verification and provider information with them prior to conducting an interview. The customer is made aware of the verification requirements through many different mechanisms, including providing information along with the appointment letter; providing customers with a "Quote Sheet" detailing all required verification necessary along with the necessary provider information; and providing stand-alone verification checklists. The customer must provide all necessary verification, including income verification and provider information.</p>	<p>The customer must provide all necessary verification, including income verification and provider information before eligibility can be established.</p>
<p>All counties verify public assistance; however, the means for obtaining this information vary by county, often due to limitations in automation. Case managers may send an Interagency/Interoffice Referral and Follow-Up Form (Form 713) to the related case manager to verify public assistance or verify public assistance by accessing multiple related systems and screen-printing the associated documentation. Screen prints are filed in the case folder</p>	<p>The RCS will interface with existing legacy systems to determine if the customer receives public assistance. No screen prints are required. Pertinent information will transfer from the legacy system and display in RCS.</p>
<p>During the application process the case manager attempts to determine if the customer has a claim. Some counties keep claim information on spreadsheets or filed in special claims files to assist in identifying those who are not eligible due to outstanding claims in that county.</p>	<p>The RCS will automatically query a customer's file to determine if a claim exists. The system will be able to query on all known customers within the state since all 159 counties will utilize the system.</p>
<p>If all verification is not provided, the customer is given a</p>	<p>If additional documents are required, the applicant receives</p>



CURRENT ENVIRONMENT PAPER DRIVEN	NEW MODEL WITH RCS SUPPORT
<p>checklist and asked to return to the office with the appropriate information within a specified time frame. The customer may or may not be given an appointment time to return the information.</p>	<p>electronic notification or a letter explaining the verification requirements. The signed application, with the required verification, is mailed to the case manager.</p>
<p>Once all verification is received, the case manager calculates the monthly income, determines the assessed fees, and approves or denies child care.</p>	<p>Once all verification is received, the system determines the monthly income and the assessed fees, and the case manager approves or denies child care.</p>
<p>Linking Customer to a Child Care Provider:</p>	
<p>If the customer is determined eligible for child care subsidies and has not already selected a child care provider, the case manager may counsel the customer. Delay in linking the customer to the provider may occur if the customer needs to “shop” for provider.</p> <p>If the customer already has selected a provider, the case manager will contact the provider to confirm that the provider has space for the child who will receive care.</p> <p>If the child care is approved, in MAXSTAR™ counties, all eligibility information is entered in the MAXSTAR™ system and a system-generated application and certificate(s) are created for each child and each type of care. In Non-MAXSTAR™ counties, the information is manually documented in the case record and a manual Child Care Certificate (Form 77) is issued. This certificate must be signed by the provider and returned to the case manager</p>	<p>Customers who are determined eligible for child care subsidies have already selected a child care provider as information about the local Child Care Resource and Referral Agency and links to ORS and OSR were provided with CAPS program information, and the web encourages customers to visit providers they are considering.</p> <p>One certificate is created for each child, even if the child needs multiple care arrangements. . Most documents will be in an electronic file within the system. The paper file will contain a copy of the application and the verification required. The system will automatically generate a notice to any related workers and will automatically notify the provider that subsidized child care is authorized.</p>



CURRENT ENVIRONMENT PAPER DRIVEN	NEW MODEL WITH RCS SUPPORT
<p>within a specified number of days.</p> <p>The case manager signs and distributes copies of the Child Care Certificate (Form 77) with a Disposition and Parent Information Child Care Services Form (Form 62) to the customer, provider and any related eligibility workers.</p>	
<p>Non-MAXSTAR™ counties update CCRS information.</p>	<p>RCS collects and formats data to meet all federal reporting requirements that permits state to electronically submit data in timely manner.</p>
Reviews:	
<p>Customers must participate in a six-month review of their case via the mail or in person, as policy dictates.</p>	<p>Customers will participate in periodic reviews performed through the mail.</p>
<p>Review dates for cases are tracked in multiple ways: Rolodex notations, card files, desktop calendars, spreadsheets, MS Word documents, or complex case record filing systems.</p>	<p>RCS eliminates the need for manual tracking.</p>
<p>The case manager sends a county letter to the customer requesting income and activity verification. Some counties use state developed forms; some use county developed forms; still others extensively modify existing state forms to meet their needs in detailing all review requirements. The customer is given at least ten days to return the required information.</p>	<p>The system will automatically identify and notify customers of the review requirements. The customer is given at least ten days to return the required information.</p>



CURRENT ENVIRONMENT PAPER DRIVEN	NEW MODEL WITH RCS SUPPORT
<p>Customers provide verification to the county via the mail or in person, as policy dictates.</p>	<p>Customers provide verification to the county via the mail or in person if they prefer.</p>
<p>Once the customer has submitted the information, the case manager completes essentially the same steps utilized during the intake process. This includes performing a review of need for care, the verification provided and customer utilization of other public assistance. As necessary, the case manager completes a Disposition and Parent Information Child Care Services Form (Form 62). In Non-MAXSTAR™ counties, the case manager may amend the Child Care Certificate with a Form 62, as appropriate. In MAXSTAR™ counties, the case manager end-dates the old certificate(s) and creates a new certificate(s) if circumstances dictate a change. If necessary, case managers notify the related workers of changes in circumstances via an Interagency/Interoffice Referral and Follow-Up Form (Form 713).</p>	<p>The case manager enters the appropriate information in the RCS, the RCS eligibility module runs and the case is deemed eligible or ineligible. If the customer remains eligible, care continues. If the customer is ineligible, the system generates a notification to the customer and provider and alerts all related workers.</p>
<p>Non-MAXSTAR™ counties update CCRS information if applicable. (Note: County staff must periodically review CCRS error reports to ensure that discrepancies between COSTAR and CCRS are resolved and CCRS data is accurate.)</p>	
Recertification:	
<p>Each customer must have a face-to-face interview every</p>	<p>There is no requirement for a twelve-month recertification.</p>



CURRENT ENVIRONMENT PAPER DRIVEN	NEW MODEL WITH RCS SUPPORT
twelve months for recertification of benefits.	No face-to-face interview is required.
Review dates for cases are tracked in multiple ways: Rolodex notations, card files, desktop calendars, spreadsheets, MS Word documents, or complex case record filing systems.	
Appointment letters and/or quote sheets, Disposition and Parent Information Child Care Services Form (Form 62) with appointment information in the comments section, and the verification checklist required for the scheduled interview are manually sent to the provider and customer. Counties set appointments.	
The case manager completes essentially the same steps utilized during the intake process. This includes performing a review of need for care, verification and documentation provided by the customer, customer eligibility for other public assistance and payment of the assessed fees. The Disposition and Parent Information Child Care Services Form (Form 62) is completed if the customer does not have all required documentation; required documentation must be returned within ten days. If not received within ten days, the case may be closed; however, often a second chance is given to provide the information based on customer circumstances.	



CURRENT ENVIRONMENT PAPER DRIVEN	NEW MODEL WITH RCS SUPPORT
<p>Once the recertification is complete, the case manager completes a Disposition and Parent Information Child Care Services Form (Form 62). In Non-MAXSTAR™ counties, the case manager issues a new Child Care Certificate (Form 77). In MAXSTAR™ counties, the case manager end-dates the old certificate(s) and creates a new certificate(s). The new certificate(s) and Form 62 are distributed to the client and provider. If necessary, case managers notify the related workers of changes in circumstances via an Interagency/Interoffice Referral and Follow-Up Form (Form 713).</p>	
<p>Non-MAXSTAR™ counties update CCRS information to project expenditures through the 12 month certification period.</p>	
Changes:	
<p>The customer is instructed to report all changes in circumstance to the CAPS case manager, regardless of whomever else she/he must notify within the other programs. The Contact Sheet (Form 452) documenting case activity is completed and placed in the case record.</p>	<p>The customer is instructed to report all changes in circumstance to DFCS. Case notes are updated on the RCS.</p>
<p>For the most part, case managers depend upon the customer or case managers handling the related programs to report changes. Counties struggle with establishing a reliable system of communication among the various</p>	<p>Regardless of where the change was reported, once the change is initiated in the RCS or related legacy system, a system interface detects a change and automatically notifies the appropriate case manager. Case managers act</p>



CURRENT ENVIRONMENT PAPER DRIVEN	NEW MODEL WITH RCS SUPPORT
programs.	on the changes, as appropriate.
<p>Once a change has been reported and processed, the case manager completes a Disposition and Parent Information Child Care Services Form (Form 62) and forwards it to the customer, provider and related worker (as appropriate). Depending on the nature of the change, the case manager in MAXSTAR™ counties will terminate the existing certificate(s) and create a new certificate(s). In non-MAXSTAR™ counties, the certificate is amended with a Form 62, Child Care Disposition and Parent Information, to reflect the change.</p>	<p>Once a change is reported and processed, the RCS notifies the customer, provider and any related case manager of any changes to the customer's eligibility.</p>
<p>Non-MAXSTAR™ counties then complete documentation in CCRS, including projected payments for the remaining months in the twelve-month certification period.</p>	
Suspension:	
<p>Once it is determined that a suspension is warranted, the case manager sends a Disposition and Parent Information Child Care Services Form (Form 62) to the customer and provider with the required information to suspend the case. In MAXSTAR™ counties, the case manager updates MAXSTAR™, end dates the certificate(s) and enters case closure based on length of suspension and the payment cycles.</p> <p>Non-MAXSTAR™ counties remove projected payments for</p>	<p>Once the information is entered into the system, the RCS automatically generates a notification to the customer, provider and related worker of the suspension. The RCS tracks the suspension dates and automatically generates a notification to the customer, detailing the information required to resume care.</p> <p>RCS calculates the funds "saved" by the state during suspension period so that other, eligible, families can use these funds.</p>



CURRENT ENVIRONMENT PAPER DRIVEN	NEW MODEL WITH RCS SUPPORT
<p>suspended cases from CCRS. All counties send Interagency/Interoffice Referral and Follow-Up Form (Form 713) to the related eligibility worker, as appropriate, and manually track the period of suspension on a desk calendar or other tracking device.</p> <p>Once the period of suspension has ended, the case manager completes a review of eligibility. The customer must verify work return date, income and participation, provide a letter from employer and/or doctor and if applicable, birth certificate or confirmation of birth.</p> <p>If the customer remains eligible and needs child care, the case manager sends the disposition letter, Form 62, to the customer and the provider. In MAXSTAR™ counties, the case manager issues new certificate(s) for care and distributes them, with the Form 62, to the client and the provider.</p>	
Case Transfers:	
<p>Intra-county case transfers in non-MAXSTAR™ counties are accomplished manually. Caseload lists are kept in various manners by supervisors. Some have file cards; some MS Word documents; still others use spreadsheets. The transfer of cases involves notifying both the losing and receiving case manager and locating and redistributing the case file. Notification may be verbal or in writing. Written communication may be formal with the use of a state or</p>	<p>Supervisors initiate intra-county transfer of cases. The RCS supports reassigning one case, several cases, or an entire caseload. The RCS notifies the customer as well as the losing and receiving case manager.</p>



CURRENT ENVIRONMENT PAPER DRIVEN	NEW MODEL WITH RCS SUPPORT
<p>county form or informal using a handwritten note. The customer may or may not be notified of the change in worker.</p>	
<p>Often, customers move from county to county. Most often the sending county initiates the transfer, but it can be initiated by the receiving county. The sending county continues payments until the new county begins making payments. Establishment of a transfer date is negotiated between the two counties. To transfer a case out of county, the case manager is responsible for gathering information by phone or mail. In most counties, the case manager is also expected to complete the following tasks:</p> <ul style="list-style-type: none"> • Verify employment, income and hours from Income Verification Form (Form 809), pay stubs, fax, verified employment letter, etc; • Verify address and phone numbers; • Issue new Certificate if there is a provider change, which may require creation of a new provider file in the receiving county; • Expire MAXSTAR™ certificates in the sending county based on the negotiated date of the transfer. This mechanism is used to enable funds tracking by county and to notify client and provider which county will be paying for care 	<p>When a customer moves from county-to-county, the customer may notify a case manager in either county. Whichever county is notified of the change in address verifies the change and enters the appropriate information in the system. If the address change is initiated by the receiving county, the sending county must accept the address change and initiate the system assisted case transfer. The system automatically tracks the SOP of the transfer process.</p> <p>There is no negotiation of the transfer date as the RCS determines the transfer date.</p>



CURRENT ENVIRONMENT PAPER DRIVEN	NEW MODEL WITH RCS SUPPORT
<ul style="list-style-type: none">• Send a Disposition and Parent Information Child Care Services Form (Form 62) to the customer, old provider and new provider after new county accepts transfer;• Notify new county office by e-mail and/or by sending Interagency/Interoffice Referral and Follow-Up Form (Form 713), most recent review/re-certification and other appropriate information;• Document transfer on Contact Sheet (Form 452);• Track case in a transfer file. Some MAXSTAR™ counties document MAXSTAR™ with the new child care worker's caseload. <p>In MAXSTAR™ counties, the supervisor in the “sending” county negotiates the date for the transfer with the supervisor or case manager in the “receiving” county. Once the supervisor in the “receiving” county receives the transfer, the supervisor assigns the case to a case manager.</p> <p>Some counties monitor MAXSTAR™. If the case manager does not receive an Interagency/Interoffice Referral and Follow-Up Form (Form 713), an e-mail or a phone call accepting or denying the transfer; and</p> <p>Non-MAXSTAR™ counties update CCRS.</p>	



CURRENT ENVIRONMENT PAPER DRIVEN	NEW MODEL WITH RCS SUPPORT
<p>When receiving a transferred case from another county, the case manager receives notification from the old county. Then the following tasks are completed:</p> <p>The case manager evaluates the customer's situation based upon the most recent review to determine if a face-to-face interview is required.</p> <p>The case manager follows the standard review process or documents why a review is not necessary and verifies pertinent information, as appropriate;</p> <ul style="list-style-type: none"> • Verify employment, income and hours from Income Verification Form (Form 809), pay stubs, fax, verified employment letter, etc; • Verify address and phone numbers; • Verify public assistance status (screen print from SUCCESS); • Issue new Certificate; • Send a Disposition and Parent Information Child Care Services Form (Form 62) to Customer, new Provider and old provider (if appropriate); • Document transfer on Contact Sheet (Form 452); • Notify former child care case manager of acceptance or denial of the transfer via e-mail, 	<p>The receiving county is responsible for verifying the new circumstances and initiating the eligibility module within the system. The RCS will generate any new certificates required for care and notify all parties.</p>



<p align="center">CURRENT ENVIRONMENT PAPER DRIVEN</p>	<p align="center">NEW MODEL WITH RCS SUPPORT</p>
<p>Interagency/Interoffice Referral and Follow-Up Form (Form 713), Disposition and Parent Information Child Care Services Form (Form 62) or phone call.</p> <p>Non-MAXSTAR™ counties update CCRS.</p>	
<p align="center">Provider Changes:</p>	
<p>A customer may request a change of provider by telephone, appointment, walk-in, or in writing. Once the customer selects a new provider, the case manager verifies the new provider's rates and checks to see if the new provider has any outstanding claims in that county.</p>	<p>A customer may request change of provider by telephone, appointment, walk-in, or in writing. Once the customer selects a new provider, the system displays the rates of the new provider. The case manager checks to see if the provider owes on any outstanding claims. .</p>
<p>In all counties, the case manager verifies the customer's eligibility and sends a Disposition and Parent Information Child Care Services Form (Form 62) to end care with the old provider for the customer.</p> <p>In non-MAXSTAR™ counties, the case manager issues a new Child Care Certificate (Form 77) and a Disposition and Parent Information Child Care Services Form (Form 62) to the new provider and to the customer with effective date for care. In Non-MAXSTAR™ counties the certificate must be signed by the new provider and returned to the case manager. The case manager signs and distributes copies to customer and provider and updates CCRS, as</p>	<p>The case manager updates the provider choice and runs the eligibility module within the system. The system will generate a new certificate and notification to the customer and both the new and the old providers. The system will notify the related case manager of the change in care.</p>



CURRENT ENVIRONMENT PAPER DRIVEN	NEW MODEL WITH RCS SUPPORT
<p>appropriate.</p> <p>In MAXSTAR™ counties, the case manager end dates the old certificate in the system, creates a new certificate in the system and distributes a Disposition and Parent Information Child Care Services Form (Form 62) with the certificate to the new provider and to the customer with effective dates for care.</p> <p>The case manager also sends an Interagency/Interoffice Referral and Follow-Up Form (Form 713) to any case managers handling related cases.</p>	
Caseload Management:	
<p>Each county, and sometimes each worker within each county, has devised a means of ensuring effective caseload management. Case files are filed in a manner that most accommodates the individual case manager's style. In some instances case managers have multiple file systems. Physical case folders may be filed alphabetically or by review date, but there are parallel filing systems with desk card or filing lists that are used to facilitate invoice processing or other actions. Cases are filed by a combination of one or more of the following:</p> <ul style="list-style-type: none"> • UAS codes; • Alphabetically; 	<p>The RCS will automatically track and notify the case manager when action is required on a case. The case manager has the ability to generate a listing of specific cases as needed.</p>



CURRENT ENVIRONMENT PAPER DRIVEN	NEW MODEL WITH RCS SUPPORT
<ul style="list-style-type: none"> • Monthly; • Claims due; • Pending action; and/or • Closed cases. <p>Case managers identify the need for scheduling customers for reviews and recertifications from multiple sources as well, including:</p> <ul style="list-style-type: none"> • MAXSTAR™ reports; • Logs; • File cards; • Calendars; and/or • Word Documents. 	
Reporting:	
<p>In both non-MAXSTAR™ and MAXSTAR™ counties, case managers may keep manual logs or manually track various caseload data such as:</p> <ul style="list-style-type: none"> • Applications; • Changes; • Recertifications/Reviews Monitoring; 	<p>The RCS will track data entered and generate required reports on a monthly basis.</p> <p>Ad-hoc reports are available to provide specific requested data.</p>



CURRENT ENVIRONMENT PAPER DRIVEN	NEW MODEL WITH RCS SUPPORT
<ul style="list-style-type: none"> • Transitional Child Care periods; • Case Closures; • Caseloads; • Claims for STAT-TRAC; • Transfers; • Expenditures by UAS Code; • Waiting List for STAT-TRAC; • Total Caseload; and/or • Total Children. <p>Data is compiled by various methods from handwriting a note about each action to month end counts to on-going MS Word documents and Excel spreadsheets. On a monthly basis case managers compile data from logs by UAS Code and Eligibility Codes for submittal to their supervisors. Supervisors are responsible for compiling and submitting county information to various parties within the County, CAPS Section, and Evaluation and Reporting.</p>	
Claims:	
Once an untimely change report is made or a case manager discovers a change that was not reported, the case manager first confirms the details of the change.	Once an untimely change report is made or a case manager discovers a change that was not reported, the case manager first confirms the details of the change.



CURRENT ENVIRONMENT PAPER DRIVEN	NEW MODEL WITH RCS SUPPORT
<p>If the claim is the result of a suspected IPV, the case manager completes and submits a referral or Request for Investigation (Form 5667) to the Office of Investigative Services (OIS).</p>	<p>If the claim is determined to be a result of an IPV, the case manager completes a request for investigation on-line. The RCS will automatically notify OIS of the need for investigation. OIS will utilize the system to track referrals and document findings.</p>
<p>If the claim is the result of IE or AE, the case manager verifies the information, manually calculates the actual income, determines payments, completes and documents the correct benefits and the amount owed on the Form 112, Repayment Corrective Authorization Form, for each month an overpayment was issued. Then the case manager completes the Form 111, Child Care Claim and Repayment Agreement Form. Once supervisory approval is received, the Child Care Claim and Repayment Agreement Form (Form 111) is distributed to all involved parties.</p> <p>If the overpayment was issued to a child care provider, the Form 112 is completed and the Form 111 sent to the provider. The case manager establishes payment offsets from the provider's future reimbursements if the provider cares for subsidized children.</p>	<p>If the claim is the result of IE or AE, the case manager enters the correct information into the RCS. The RCS determines the amount owed and distributes the Child Care Claim and Repayment Agreement to appropriate parties.</p>
<p>Case managers manually track payments made by customers once a repayment agreement has been obtained. If the customer fails to make a payment on a claim or fails to sign the repayment agreement, the case manager must manually track and distribute the Form 113,</p>	<p>Staff notes in the system when payments are received. If a repayment agreement is not received from the customer, the RCS will automatically distribute reminders.</p>



CURRENT ENVIRONMENT PAPER DRIVEN	NEW MODEL WITH RCS SUPPORT
<p>Child Care Claims and Collection Notice to the customer every month for twelve consecutive months.</p> <p>Case manager deducts offset amount from provider's monthly invoice and updates claim amount. If provider does not care for subsidized children, case manager sends the Form 113 monthly for 12 months or until provider starts caring for DFCS children again (offsets initiated).</p>	
<p>Payments are received and receipted by county bookkeeping or accounting staff in keeping with standard separation of duties practices. Some counties send a copy of the receipt to the case manager. Some notify the case manager by internal memo or more informal notation. Some file a copy of the receipt in a separate claims file; others file the copy in the case folder. In most instances, both the account clerk and the case manager keep track of the claim balance. If a payment is not made, the case manager must take action to close the case.</p>	<p>Payments are received and receipted by county bookkeeping or accounting staff in keeping with standard separation of duties practices.</p> <p>Information is recorded in the RCS by county appointed staff.</p> <p>If a payment is not made, the RCS notifies the case manager and initiates case closure with timely notice.</p>
Requests for Administrative Hearings:	
<p>Customers may request a hearing by documenting the request in writing, by phone or in person. If the request is received by phone, the case manager documents the request on paper and asks the customer to send a written and signed request for hearing. The case manager</p>	<p>Customers may request a hearing by documenting the request in writing, by phone or in person. If the request is received by phone, the case manager documents the request in the RCS and asks the customer to send a written and signed request for hearing and attempts to resolve the</p>



<p align="center">CURRENT ENVIRONMENT PAPER DRIVEN</p>	<p align="center">NEW MODEL WITH RCS SUPPORT</p>
<p>explains to the customer the action taken with their options and attempts to resolve the matter without a hearing. If the request is received within ten (10) days of the action, the customer can elect to continue receiving benefits until a determination is made or to allow the proposed change to be implemented pending judgment. The case manager makes changes to the case record, updates the certificate, and notifies the customer and provider of the action.</p>	<p>matter without a hearing. If the request is received within ten (10) days of the action, and the customer so requests, the RCS restores benefits to the previous level and notifies all affected parties.</p>
<p>Customer hearing request documents are sent to the Supervisor and are reviewed, logged and sent back to the case manager. The case manager completes the OSAH Form 1, documents the issue, action and supporting policy. The case manager forwards the customer request documents, supporting case documents, verifications, calculations, forms, notices, etc. and OSAH Form 1 to the Office of State Administrative Hearings (OSAH) within three days of receiving the written request.</p>	<p>The supervisor is notified by the RCS that a request for hearing was received. The supervisor reviews the request and the case manager forwards the request for hearing to OSAH via email. There is no need to forward any supporting documentation except copies of verifications because OSAH has access to the RCS.</p>
<p>OSAH notifies the supervisor, the case manager and the customer of the hearing date and location by mail. The case manager manually places hearing date on her calendar. The supervisor may also note the hearing date and time.</p>	<p>OSAH notifies the supervisor, case manager and the customer of the hearing date and location by mail or email. The hearing date is logged on the calendar within the RCS.</p>
<p>Mediation without the Administrative Law Judge (ALJ) is encouraged to facilitate an agreement without a hearing. If an agreement is reached, the case manager notifies the</p>	<p>County representatives are present with supporting case and OSAH documents when the hearing takes place. Mediation without the Administrative Law Judge (ALJ) is</p>



CURRENT ENVIRONMENT PAPER DRIVEN	NEW MODEL WITH RCS SUPPORT
<p>ALJ by phone, mail, or in person. If an agreement cannot be reached, the hearing process proceeds. County representatives are present with supporting case and OSAH documents when the hearing takes place. Once the hearing is complete, the court mails the findings and decision to the client, client representative(s) the county and the state office. Tracking of cases is done manually on paper logs, spreadsheets or MS Word documents.</p>	<p>encouraged to facilitate an agreement without a hearing. If an agreement is reached, the case manager notifies the ALJ by phone, mail, or in person. If an agreement cannot be reached, the ALJ proceeds with the hearing. Once the hearing is complete, the court mails the findings and decision to the client, client representative(s) the county, and the state office. The system tracks these cases. A report is available detailing cases pending hearing adjudication.</p>
Provider Management:	
<p>Provider management processes are vastly different in those counties served by the MAXSTAR™ system and those counties that do not have automated support. In MAXSTAR™ counties, provider management processes, especially invoice processing, are almost exclusively the responsibility of the MAXSTAR™ vendor, MAXIMUS, Inc. In non-MAXSTAR™ counties, the provider management process is solely the responsibility of the child care case manager with some supplemental activities performed by a supervisor or other management staff.</p>	<p>Provider management is the responsibility of a third party vendor(s) selected by the CAPS Section. The new model supports a natural separation of provider management into two distinct functional areas. Registration and compliance monitoring can be the responsibility of one vendor and provider invoicing and payment the responsibility of a second vendor. The RCS fully supports all aspects of provider management and invoicing.</p>
Formal Provider Registration:	
<p>In MAXSTAR™ Counties, case managers are responsible for screening on formal providers and beginning the system registration process if they are not currently listed in the system. The case manager verifies the Provider's licensure</p>	<p>The RCS is queried to determine if the provider is already active. If the provider is active, no other provider registration steps are required. Those seeking licensure</p>



CURRENT ENVIRONMENT PAPER DRIVEN	NEW MODEL WITH RCS SUPPORT
<p>status and obtains the Federal Employer Identification Number (FEI). If it is determined that the provider is not registered on MAXSTAR™, the information is forwarded to a supervisor or a case manager with supervisory access who then enters the appropriate base information into the system. Once registered in the system, if any changes need to be made to the provider's identifying information, such as name or address, the case manager must complete and fax a request to the system vendor to make the appropriate changes. County staff cannot update provider information.</p> <p>Non-MAXSTAR™ counties process formal providers differently. For formal providers that have not been previously registered in the county, the case manager generally calls the provider and inquires about rates. The case manager requests a copy of the registration, license, or if appropriate, a letter of exemption; a copy of Policies and Procedures; a completed W-9; and Civil Rights Compliance Form (Form 704) for centers and group homes. Formal providers may return this information via fax, mail or hand-delivery. The case manager then creates a physical folder for the provider and may enter the provider profile in a county Provider List. Some of these documents are copied and sent to regional or in-house accounting. The case manager may conduct individual training sessions for invoicing with each provider and may provide invoice</p>	<p>are referred to Child Care Licensing.</p> <p>A third party vendor, preferably Child Care Licensing, will assume all responsibilities associated with registering formal providers. When CCL learns that a formal provider wishes to participate in the CAPS program, a staff person will update the RCS to reflect that choice.</p>



CURRENT ENVIRONMENT PAPER DRIVEN	NEW MODEL WITH RCS SUPPORT
samples.	
Informal Provider Enrollment:	
<p>Case managers conduct a face-to-face interview with new informal providers, generally in conjunction with the customer eligibility interview.</p> <p>In MAXSTAR™ counties, the case manager screens on the provider’s identifying information within the system to determine if she is currently an approved provider. If she is already registered on the system, the case manager documents the number of children in care to ensure that she remains within policy limitations for number of children allowed.</p> <p>In MAXSTAR™ counties, the case manager conducts a face-to-face interview with the potential child care provider. The case manager requests the following information from the provider:</p> <ul style="list-style-type: none"> • Photo ID; • Informal Provider Affidavit; • Age verification; and • Social security card. <p>The case manager explains provider compliance requirements such as Health and Safety Training and</p>	<p>The RCS is queried to determine if the provider is already active. If the provider is active, no other provider enrollment steps are required.</p> <p>If an informal provider is not active in the RCS, a child protective services (CPS) query is initiated. If the CPS query indicates that there is an on-going investigation or substantiated complaint, the RCS sends separate notices to the provider and customer. The customer is instructed to select another provider.</p> <p>If the CPS response indicates that there is no open investigation and no substantiated maltreatment, RCS is updated and the third party vendor is notified to complete the enrollment.</p> <p>Informal provider enrollment is the responsibility of the third party vendor selected for provider management, preferably, CCL.</p>



CURRENT ENVIRONMENT PAPER DRIVEN	NEW MODEL WITH RCS SUPPORT
<p>requests the necessary Child Protective Services (CPS) screening. The case manager reviews the Child Care Brochure (Form 59) with the provider and the client.</p> <p>MAXIMUS, Inc. distributes a W-9, a Criminal Records Check (CRC) Form (Form 58) and fingerprint cards to the provider. The provider must return all documents with a \$24 money order for the cost of the criminal background check. MAXIMUS, Inc. then submits the CRC information to Child Care Licensing. MAXIMUS, Inc. monitors provider compliance with health and safety training requirements. It also trains the provider on invoicing procedures.</p> <p>Case managers in non-MAXSTAR™ counties conduct a face-to-face interview for new informal providers. Again, this interview is generally conducted in conjunction with the customer eligibility interview. The case manager attempts to document the number of children in care, obtains photo ID, age verification and a Social Security Card from the informal provider. The case manager initiates the proper investigation documentation to request a CPS screening.</p> <p>The case manager informs the provider that a criminal records check must be conducted and provides the informal provider with a W-9, Care Brochure (Form 59), Criminal Records Check (Form 58) and a fingerprint card. When the appropriate documentation and money order are received, the case manager forwards the criminal records</p>	



<p align="center">CURRENT ENVIRONMENT PAPER DRIVEN</p>	<p align="center">NEW MODEL WITH RCS SUPPORT</p>
<p>check documents, social security number and W-9 to regional or in-house accounting. The case manager then conducts training on invoicing and establishes a provider file.</p>	
<p align="center">Maintaining Provider Files:</p>	
<p>In both MAXSTAR™ and non-MAXSTAR™ counties, case managers maintain a manual provider file for reference. In MAXSTAR™ counties, the term is used for a provider list that is generally a single notebook or list for the entire county, or may be maintained by each case manager or supervisory unit. The provider file, at minimum, is a listing of each approved provider for the county and the provider's rates. Some counties include other pertinent information such as the number of children for which the facility is approved or hours of operation.</p> <p>Non-MAXSTAR™ counties create a physical file folder for each provider where required documentation is retained. They may or may not keep a notebook of summary information like that maintained by MAXSTAR™ counties.</p>	<p>The third party vendor(s) responsible for provider management and invoicing maintains provider files. The RCS contains information about each provider such as rates, the number of children for which the facility is approved and hours of operation.</p>
<p align="center">Provider Monitoring:</p>	
<p>The initial informal provider compliance monitoring is done by CCL within six weeks of application to become an informal provider. The need for monitoring is triggered by completion of Criminal Background Check (Form 58) and</p>	<p>Provider monitoring is conducted by a third party vendor, preferably CCL. The RCS will automatically track and notify CCL of a need for monitoring both formal and informal providers.</p>



CURRENT ENVIRONMENT PAPER DRIVEN	NEW MODEL WITH RCS SUPPORT
<p>the Criminal Records Check (CRC) request. Provider information is entered into the CCL database, the money order is forwarded to the Georgia Bureau of Investigation (GBI) and the informal provider is assigned to a Licensing Surveyor based on geographic area. The Surveyor schedules or notifies the informal provider of a site visit within 45 days of application. During the site visit, the Surveyor provides the informal provider with a CAPS Packet, emphasizes training requirements, performs a health and safety inspection and records the number of children in care to determine if all requirements are met. If the informal provider is not home and/or the Surveyor has been unable to gain access after two scheduled appointments, CAPS is notified to dismiss the provider.</p> <p>The monitoring checklist is returned to the county, and the county files the document in the county provider file. The CCL Surveyor then enters the results of the site survey in the CCL database. If the provider is not in compliance with site survey requirements, a memo is generated to the county director, county child care case manager and county program consultant. The county notifies the customer to choose a new provider and sends notification to the provider that she will be dismissed. Every six months, at review, informal providers verify that they have attended training and validate the number of children in care.</p> <p>CCL is responsible for monitoring the results of the CRC.</p>	<p>The type of provider determines the path that is taken in the process. Informal providers receive a site visit from the vendor within a specified period of time. In addition, the provider submits other documentation to the vendor that is reviewed and evaluated. If all requirements are met, periodic monitoring is invoked. Periodic monitoring occurs after six months to ensure compliance with training requirements and annually thereafter. If a provider fails at any point along the way to meet the conditions of authorization, the RCS initiates notification to the case manager, provider and customer.</p>



<p align="center">CURRENT ENVIRONMENT PAPER DRIVEN</p>	<p align="center">NEW MODEL WITH RCS SUPPORT</p>
<p>The results of the check are reported to CCL by GBI as either satisfactory or unsatisfactory. Counties are only notified if the results are unsatisfactory, and the entire process for the check and notification may take up to four (4) months to complete.</p>	
<p align="center">Provider Rate Changes:</p>	
<p>Case managers process provider rate changes. Information in non- MAXSTAR™ counties is updated in the provider's file and, if appropriate in the county's provider notebook. In MAXSTAR™ counties, the case manager notifies Maximus, Inc., and Maximus updates the provider file. Providers who receive payments from more than one county may have to notify each county.</p>	<p>The third party provider management vendor processes rate changes from providers. The RCS automatically adjusts the rates for the provider throughout the system as defined by pre-established rules.</p>
<p align="center">Provider Payment:</p>	
<p>In MAXSTAR™ counties, case managers are relieved of provider invoicing responsibilities. MAXIMUS, Inc. is responsible for all aspects of provider invoicing.</p> <p>Case managers in non-MAXSTAR™ counties approach the invoicing processes in many different ways. Case managers may distribute a number of blank Invoices for Child Care Reimbursement (Form 69) and an annual calendar with monthly due dates to providers by mail or they may send the invoices on a monthly basis to providers for completion and return. Providers may be required to</p>	<p>A third party vendor is responsible for provider invoicing responsibilities. If the invoice is submitted on-line, no human intervention is required. All activity is within the RCS.</p> <p>System generated paper invoices are sent to providers who do not submit through the Internet. Submitted invoices are reviewed for accuracy. Those that are incomplete or incorrect are returned to the provider for correction. Those that are complete and correct continue through the process with data entered in to RCS. Payments are made in the</p>



CURRENT ENVIRONMENT PAPER DRIVEN	NEW MODEL WITH RCS SUPPORT
<p>submit one invoice per child or per UAS code or be allowed to bill for all UAS codes and children in care on one invoice depending upon county preference.</p> <p>For tiered reimbursement, the case manager validates Form 69-A, "Invoice for Tiered Reimbursement."</p> <p>Each case manager has established her own system for processing provider invoices. The case manager may separate invoices by customer and/or UAS codes. The case manager validates that an invoice is signed and dated by provider. If unsigned, the invoice is returned to the provider with a notification that the invoice must be signed. The case manager then validates the invoice against the certificate. The following information is validated:</p> <ul style="list-style-type: none"> • SSN; • Child's name; • UAS Code; • Type of care; • Amount/number of weeks; • Check calculations; • Parent contribution; and • Total charge to DFCS. 	<p>form of electronic fund transfers (EFT), automated clearing house (ACH), or live checks.</p>



CURRENT ENVIRONMENT PAPER DRIVEN	NEW MODEL WITH RCS SUPPORT
<p>This is accomplished by comparing the invoice to the documentation in the case folder or central provider file folder, depending on the case manager's filing system.</p> <p>The case manager calculates any claims offsets required, confirming that the invoice is accurate, initialing, signing and dating the invoice. Some counties file a copy of the approved invoice in the case record, provider file or separate invoice file. The county then sends the invoice to Regional Accounting or in-house accounting staff.</p> <p>Often invoice reconciliation is necessary. The process for reconciliation varies by county. In some counties, the case manager changes the provider's errors on the invoice if the error amount is under a county established threshold. The case manager may correct the UAS code or other errors. Then the case manager notifies the provider by phone. If the necessary change is above the established threshold, case manager notifies the provider and requests a revised invoice.</p> <p>■</p>	
<p>If a provider contacts the case manager indicating an incorrect payment in non-MAXSTAR™ counties, the case manager investigates the payment by reviewing the case folder or provider folder and associated documentation and/or checking with accounting. If a provider in a MAXSTAR™ county contacts the case manager in</p>	<p>The case manager refers all calls concerning payments to the third party vendor.</p>



CURRENT ENVIRONMENT PAPER DRIVEN	NEW MODEL WITH RCS SUPPORT
regarding an incorrect payment, the case manager may assist in troubleshooting payment problems; however, the system vendor is responsible for insuring that accurate payments occurred.	



APPENDIX – D

GOAL MATRIX



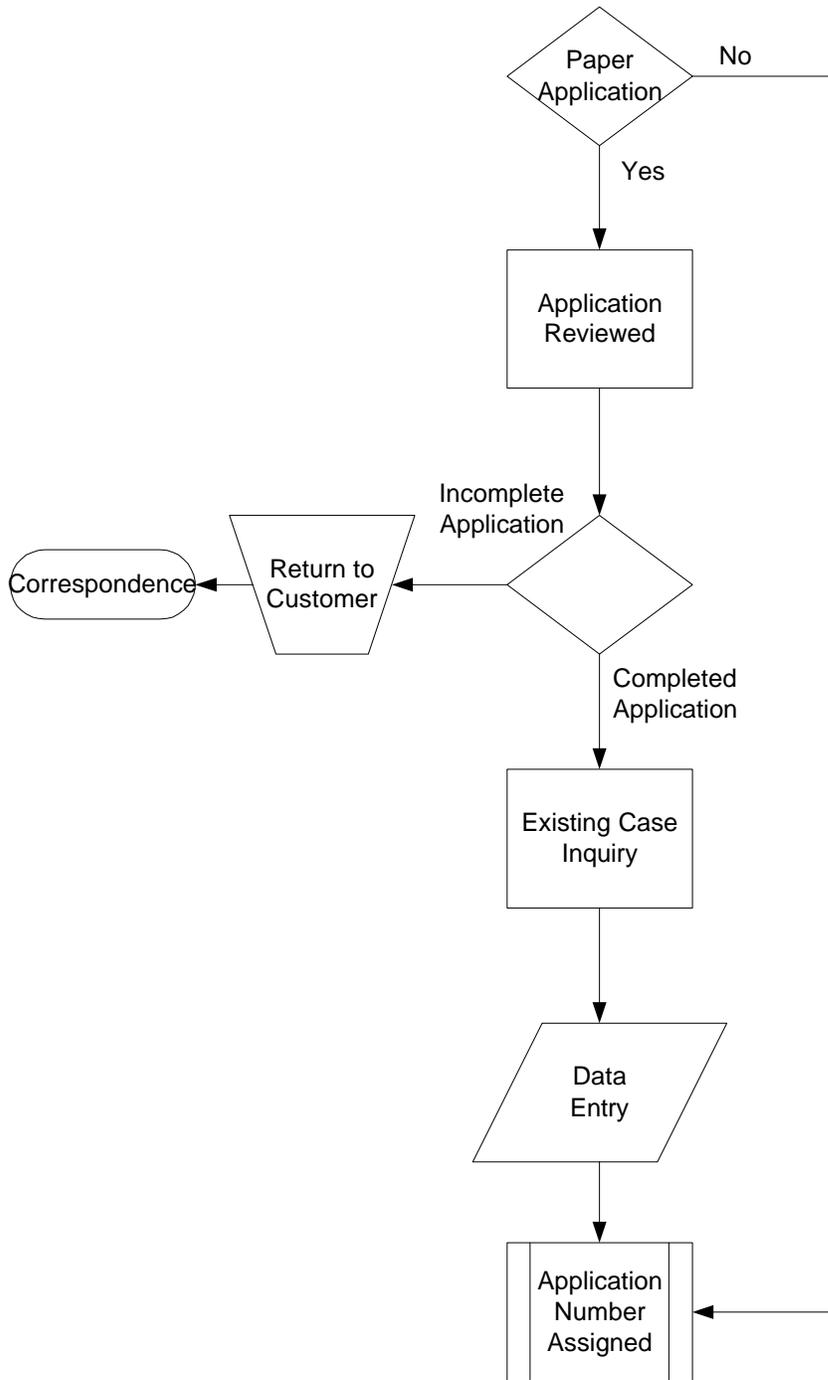
	Simplify Service Delivery	Improve Access	Improve Efficiency	Facilitate Communication	Leverage Automation	Strengthen Program Integrity
Customer Services						
Application Registration	X	X	X	X	X	X
Eligibility Determination	X	X	X	X	X	X
Work Waiting List	X	X	X	X	X	X
Inter-County Transfers	X	X	X	X	X	X
Correspondence	X	X	X	X	X	X
Provider Services						
Provider Registration	X	X	X	X	X	X
Provider Compliance			X	X	X	X
Invoicing & Payments	X	X	X	X	X	X
Program Support						
Caseload Distribution			X	X	X	X
Training		X	X	X	X	X
Disseminate Program Information	X	X	X	X	X	X
Program Integrity						
Case Accuracy Reviews			X	X	X	X
Suspected Fraud Referral			X	X	X	X
Claims			X	X	X	X
Hearings	X	X	X	X	X	X



APPENDIX – E
REDESIGNED PROCESS FLOW CHARTS

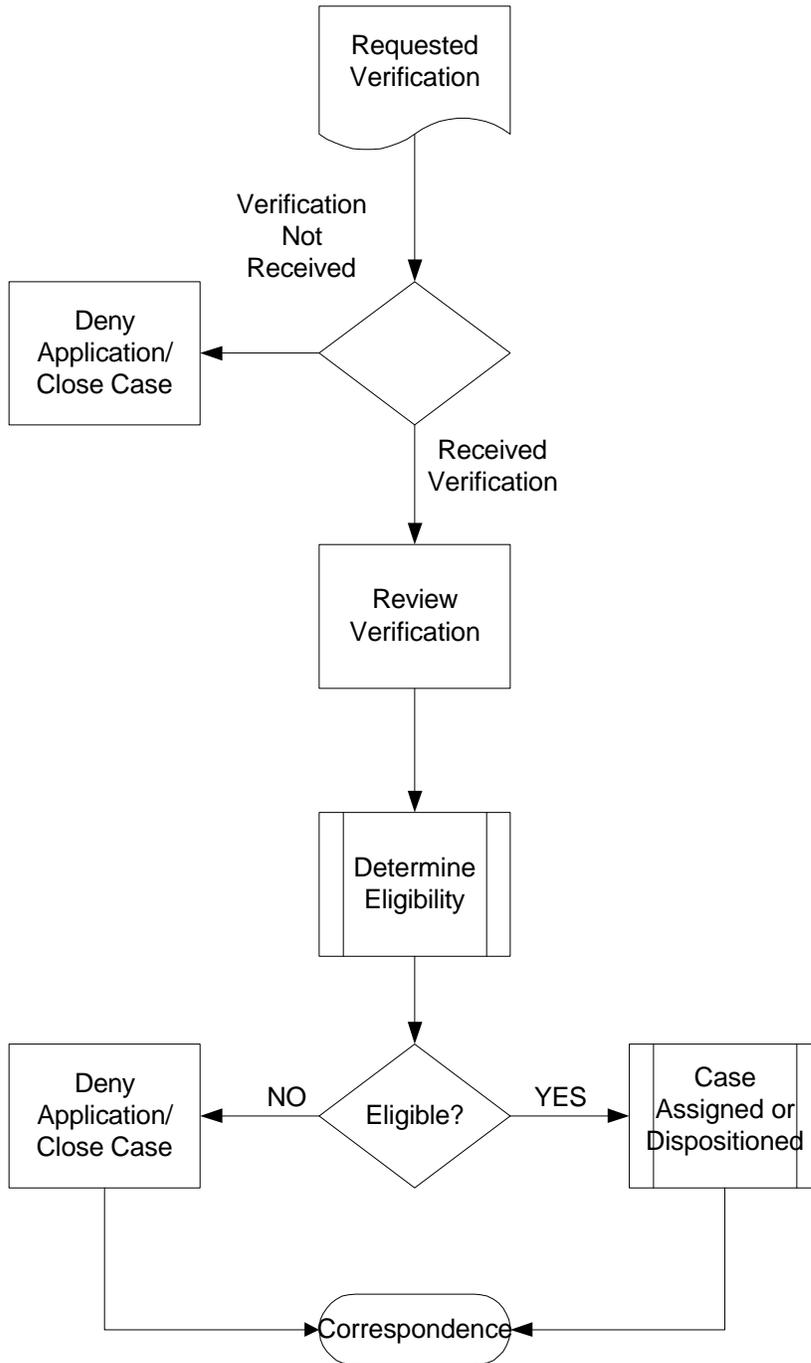


Application Registration



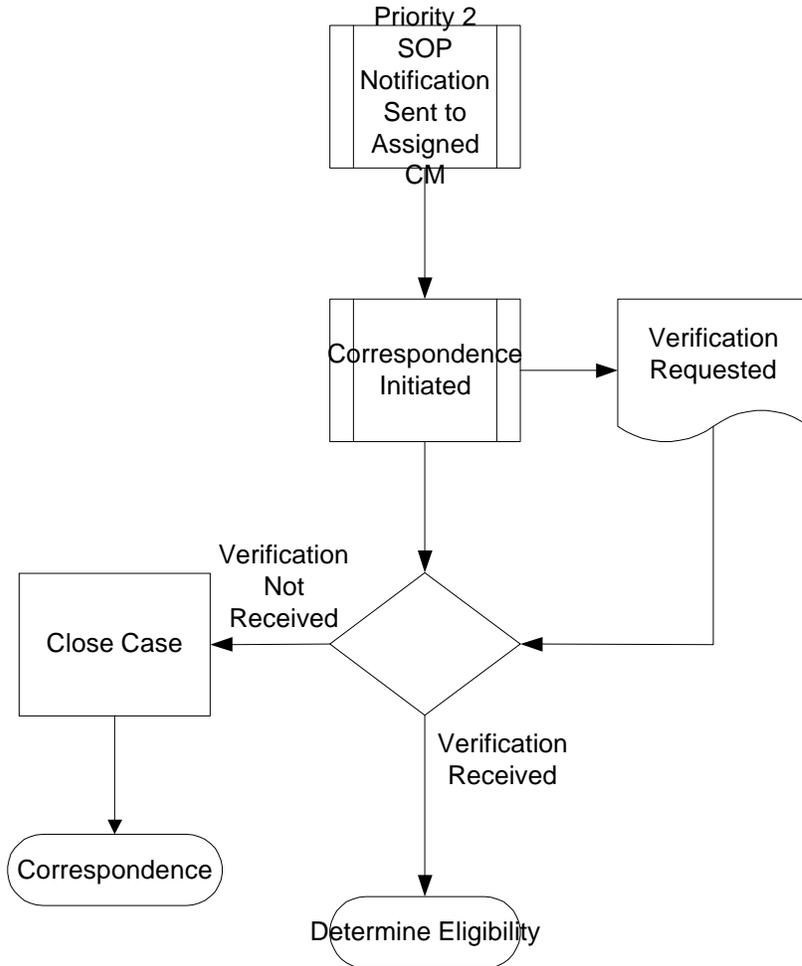


Determine Eligibility



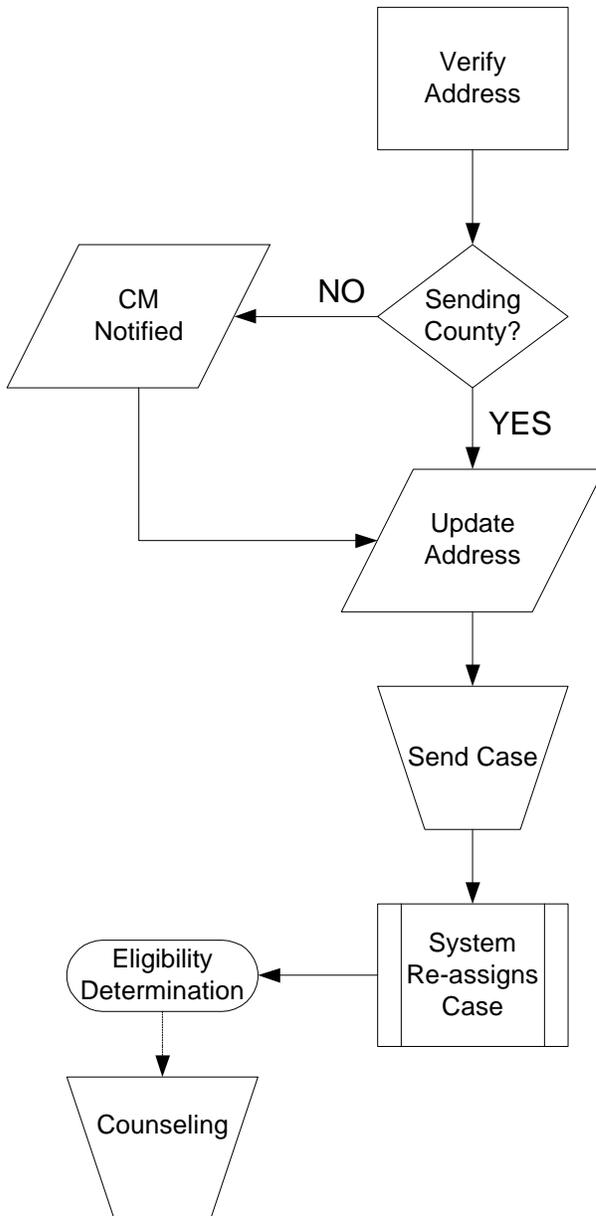


Waiting List



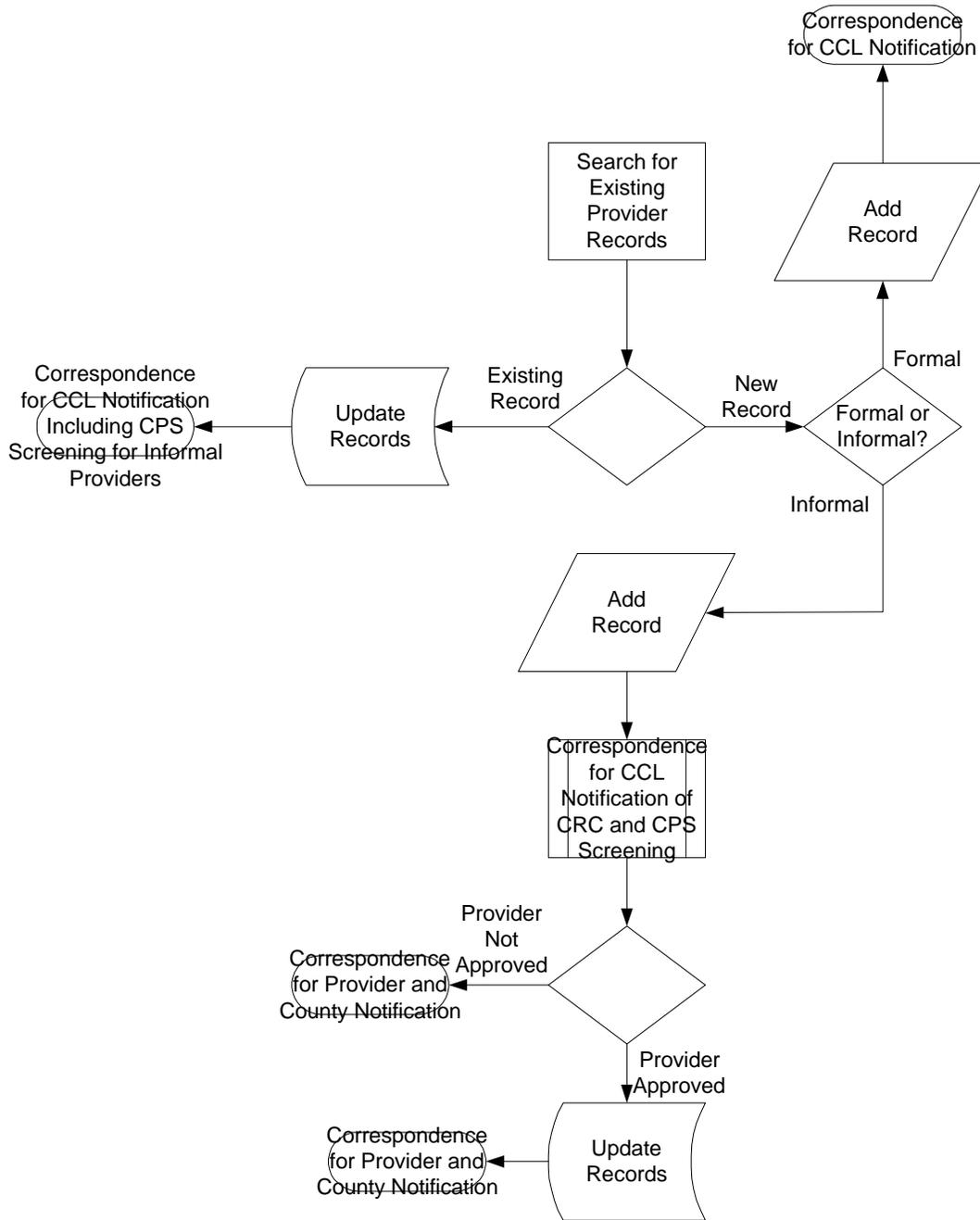


Inter-county Case Transfer



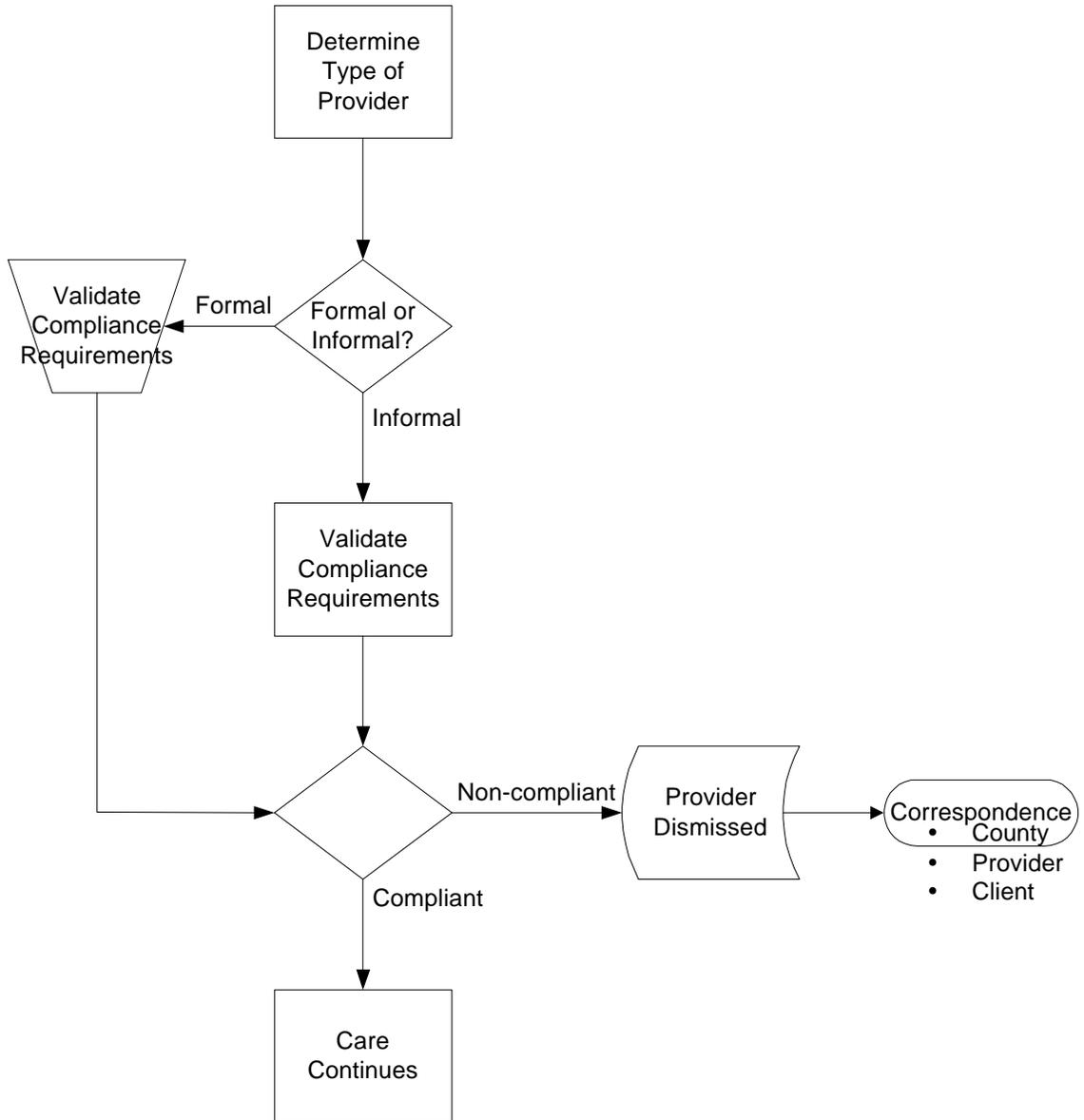


Provider Registration



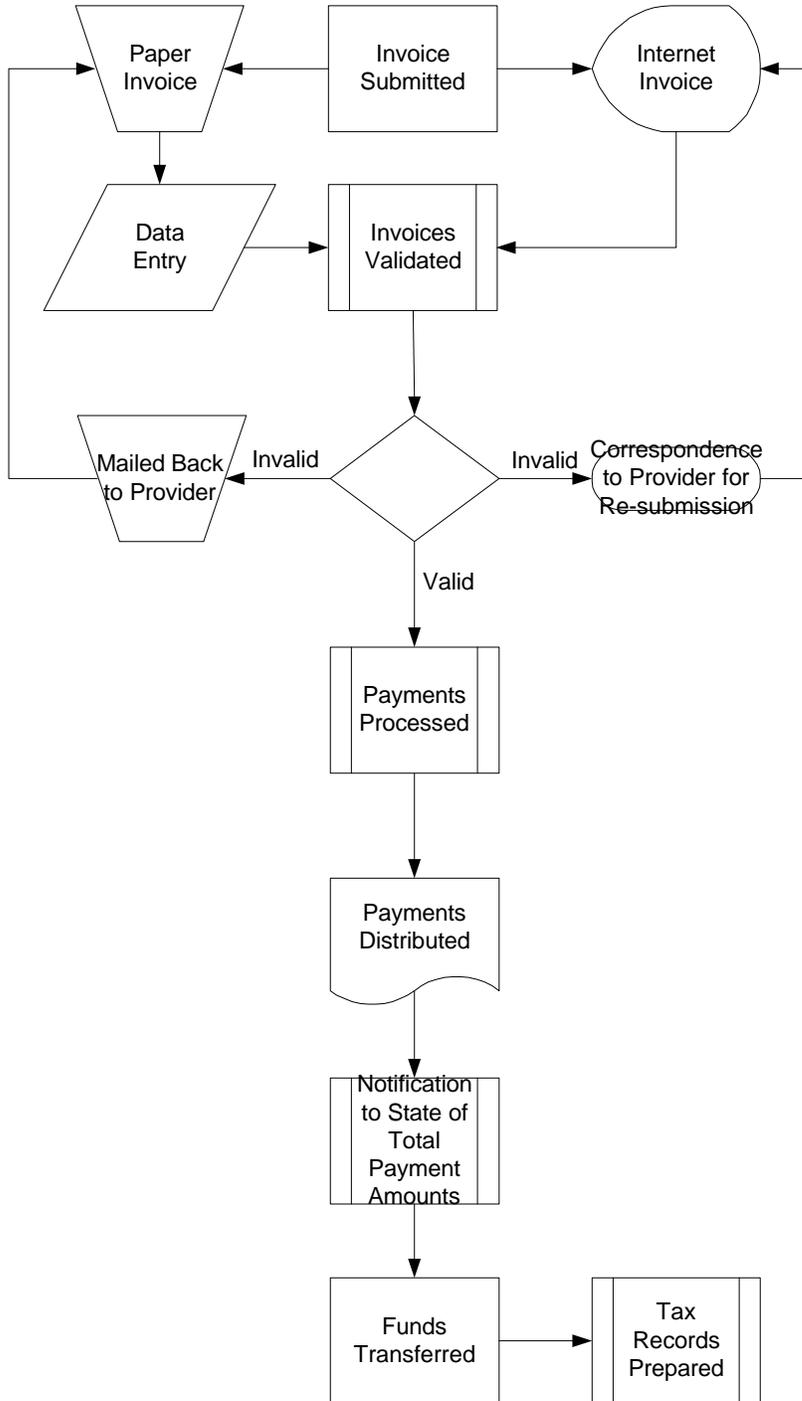


Provider Compliance



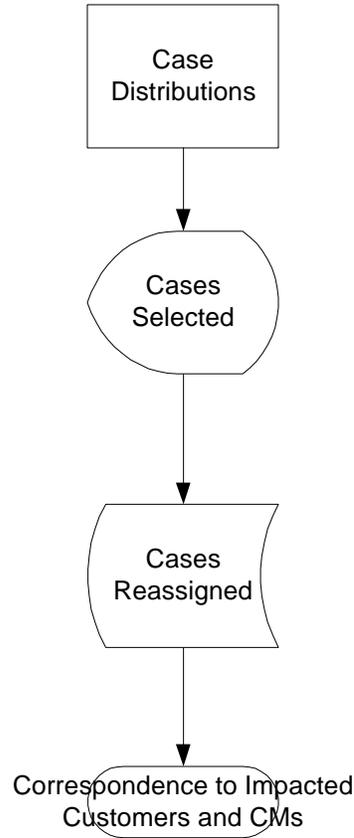


Invoicing



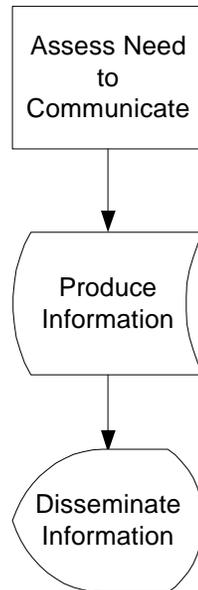


Caseload Distribution



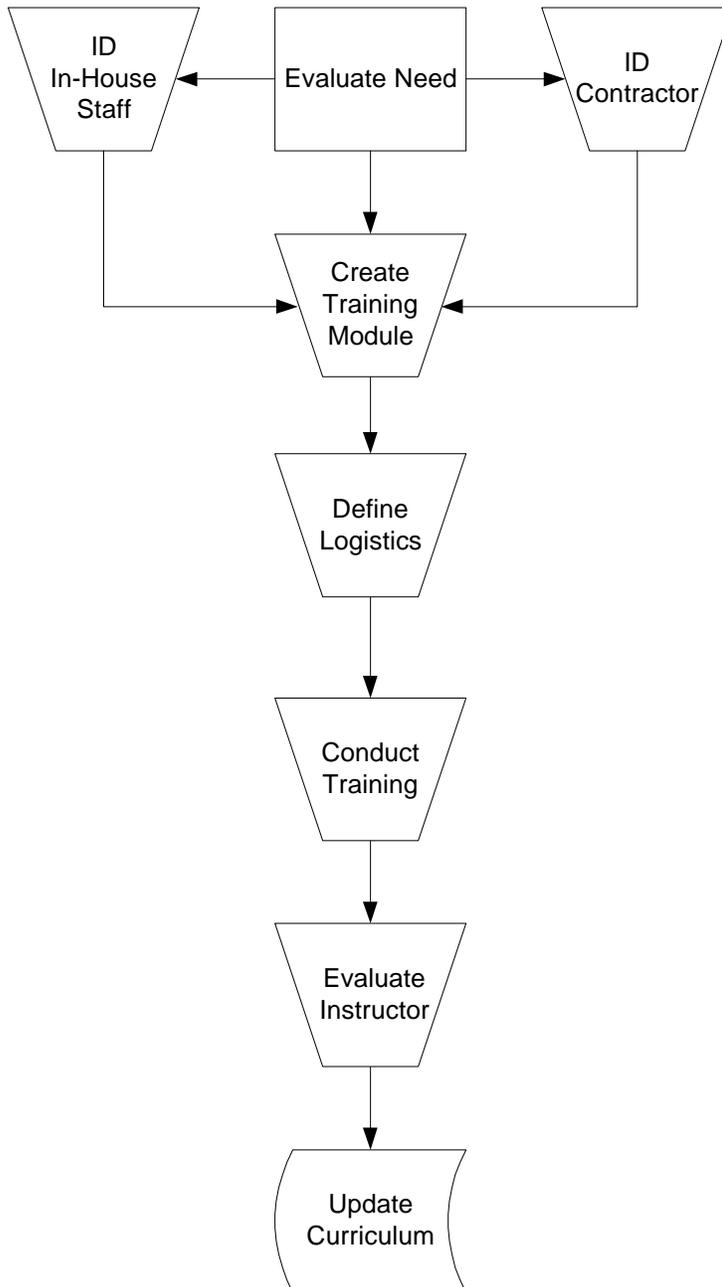


Disseminate Program Information



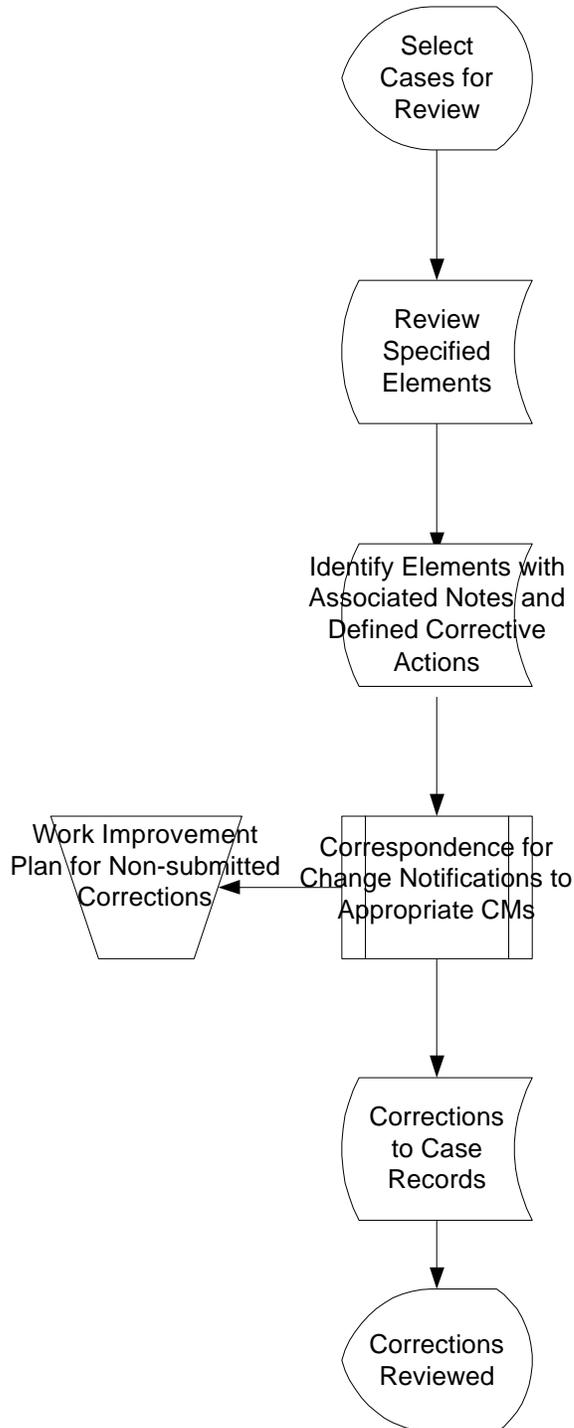


Training



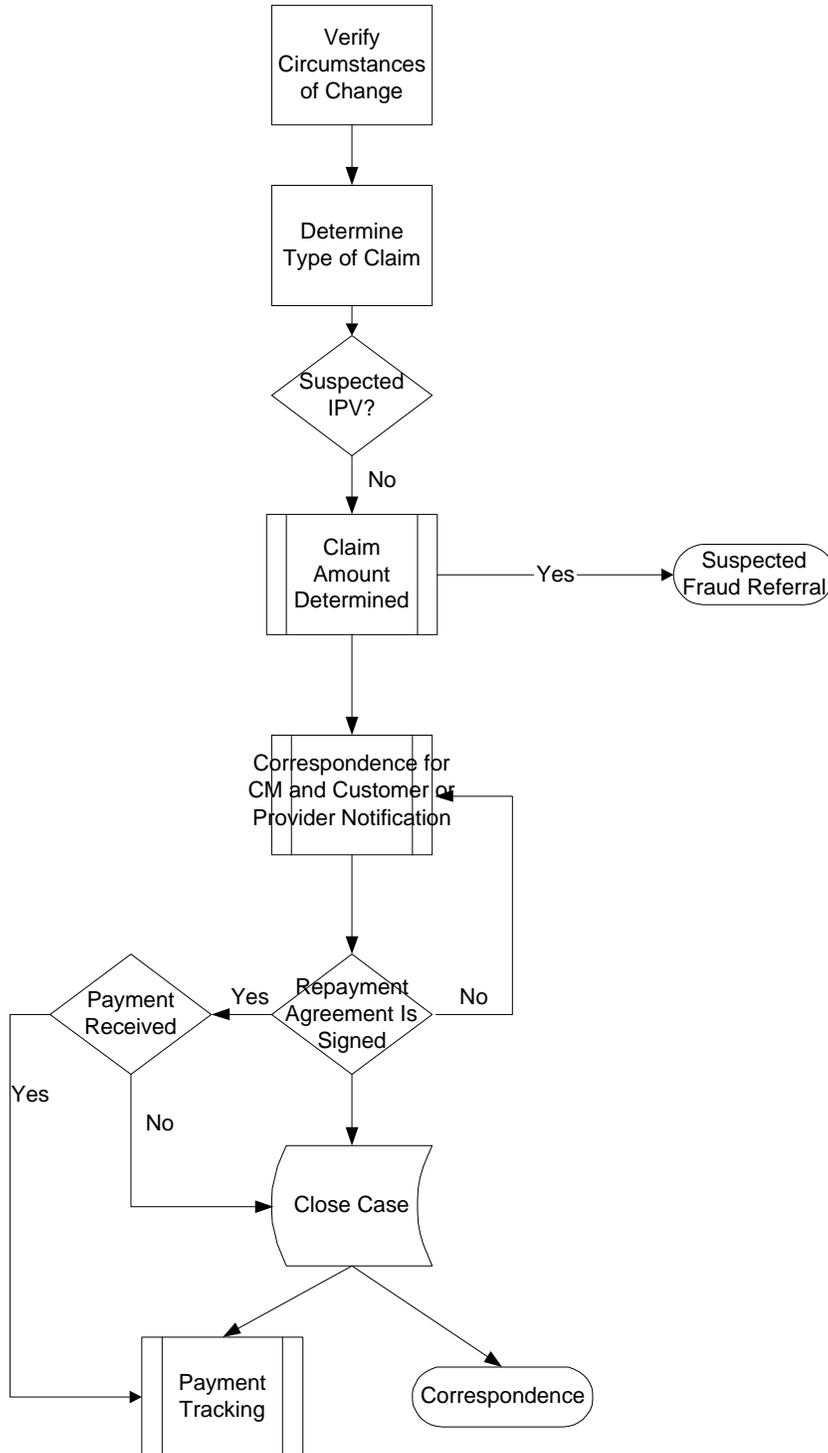


Case Accuracy Review



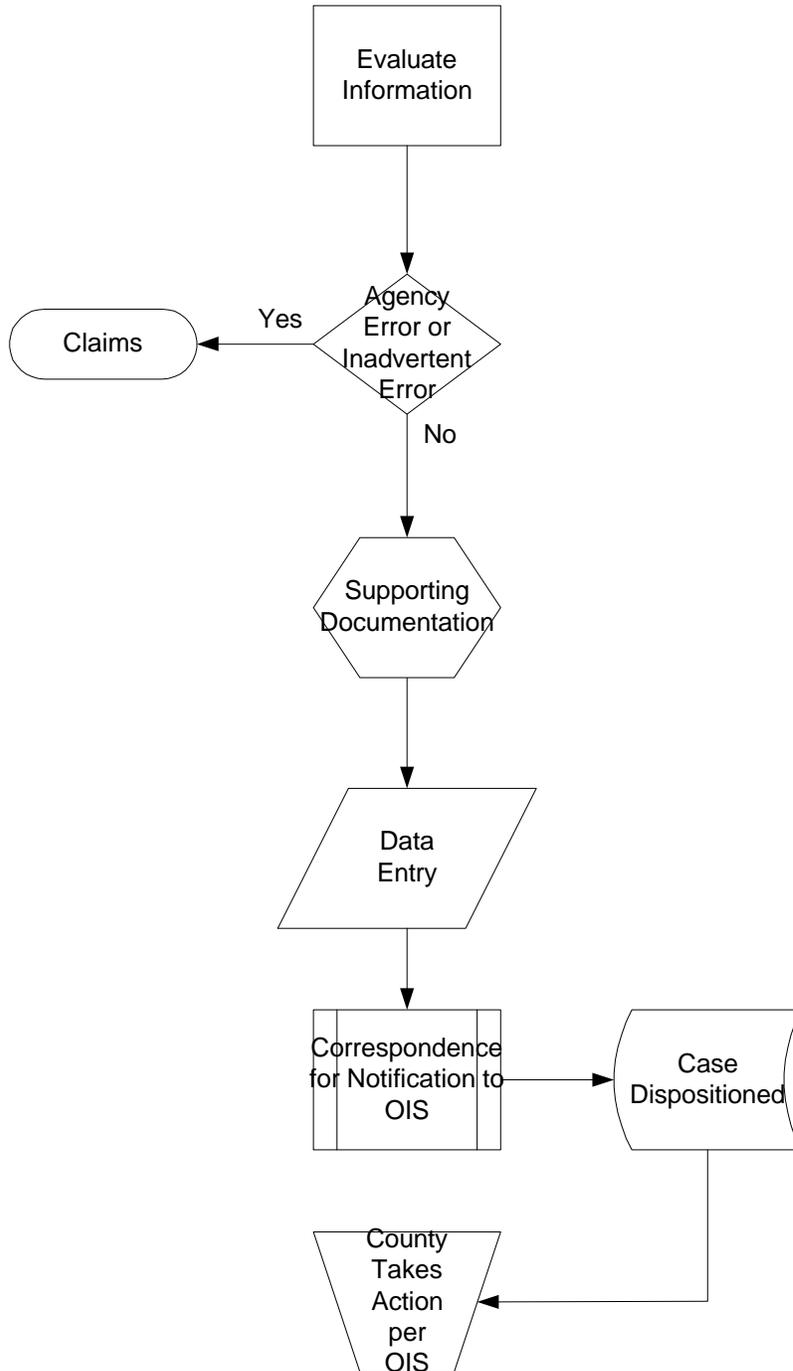


Claims



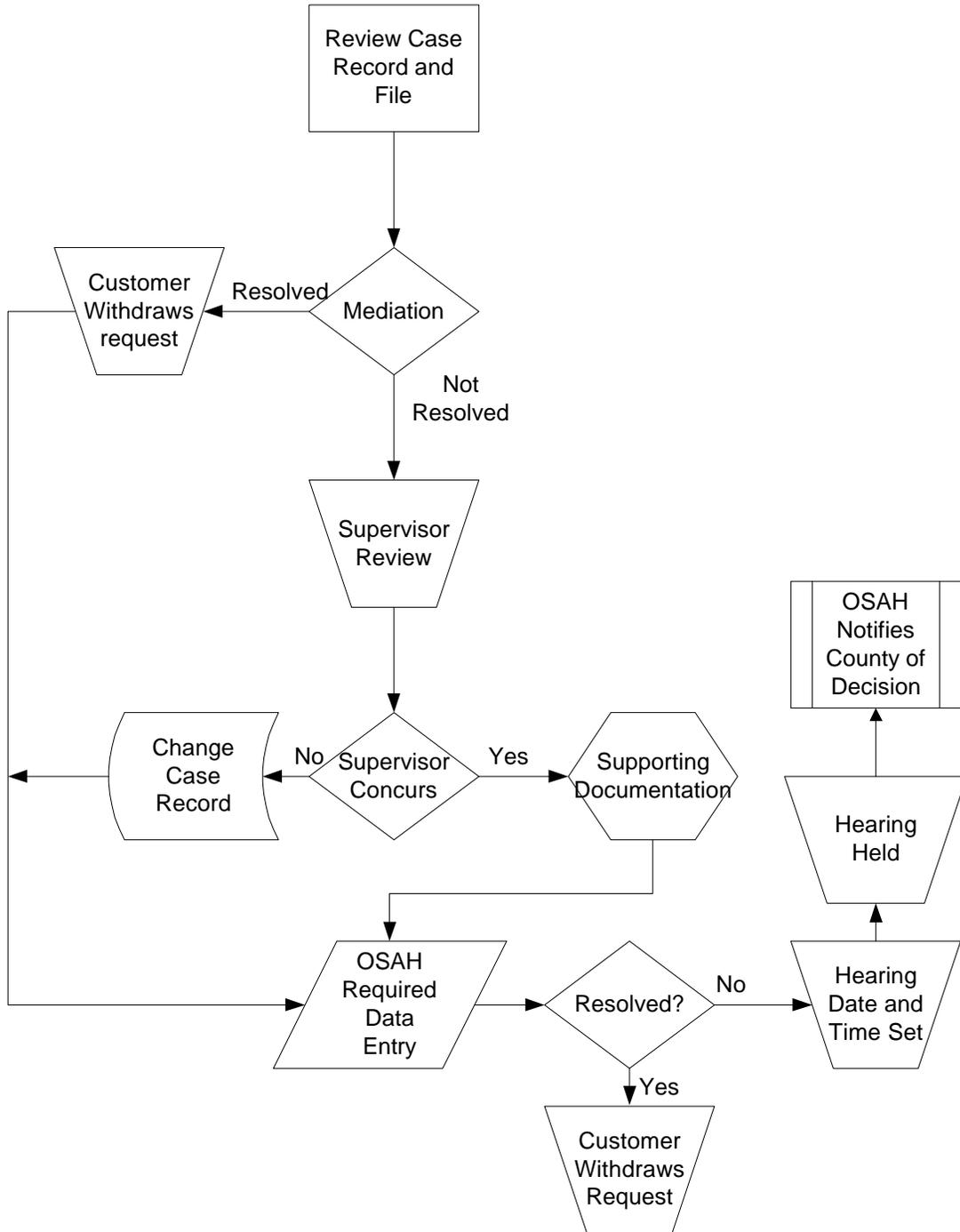


Suspected Fraud Referral



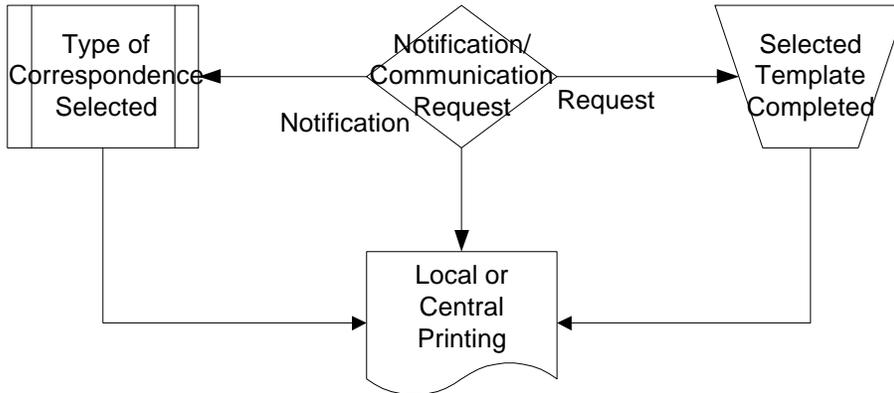


Hearings



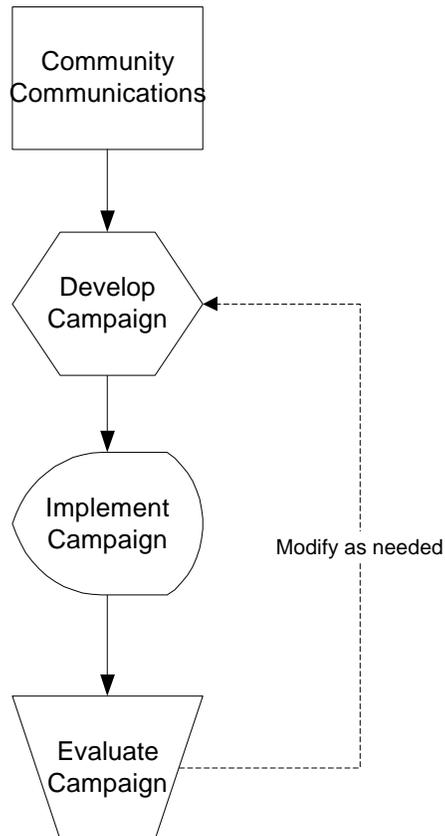


Correspondence





Publicize CAPS





APPENDIX – F

AUTOMATION PROCESS DESCRIPTIONS



PROCESS DESCRIPTION

Process Name: CAPS 1.0 APPLICATION REGISTRATION		
Process Description: Applicant registers with CAPS to determine if eligible for Child Care assistance		
Process Activities: Application reviewed by CAPS for completeness If application incomplete, return to customer If application complete, search for existing case and assistance from other programs Enter application in RCS RCS generates application number		
Process Stakeholders: CAPS Case Manager, Customer		Approval(s) Required: Completeness of application by CM
Data Inputs: Existing Case Records, Updated case information and Verification information	Outputs: Application number	Information Technology Support: CAPS Robust Childcare System (RCS)
Process Measurements: SOP Reports X percent processed within SOP, Submitted incomplete and completed applications		Timeframe: Within SOP
Notes and Assumptions: If not paper application, RCS performs all edits, verifications and notifications for completeness of applications		
Major Issues/Opportunities for Improvement: Issues – Unique identifiers, interfaces to legacy systems and counties complete applications within SOP Improvements – Customer access to online application pages, tracking applications, uniform numbering and customer service		
DHR IT Impact on Process: Customer access to application pages through the Internet or lobby of county offices		



PROCESS DESCRIPTION

Process Name: CAPS 2.0 DETERMINE ELIGIBILITY		
Process Description: Determine eligibility of a customer for Child Care assistance		
Process Activities: Request verification Receive verification Review verification	Data entry RCS calculates if eligible RCS calculates customer assessed fee(s) CM takes appropriate actions	
Process Stakeholders: Case Managers, Customer		Approval(s) Required: CM agrees and accepts eligibility determination
Data Inputs: Existing applications, existing case records and updated case information	Outputs: Case disposition	Information Technology Support: CAPS Robust Childcare System (RCS)
Process Measurements: Error reductions, submitted applications and existing cases X percent processed within SOP		Timeframe: Within SOP
Notes and Assumptions: Interfaces to legacy systems		
Major Issues/Opportunities for Improvement: Issues – Customer provides requested verification Improvements – Reduced manual processes. RCS determines eligibility to eliminate manual eligibility calculations, strengthen CAPS program integrity and tracking of missing verification documentation		
DHR IT Impact on Process: Documenting all appropriate codes, parameters, indicators and flags for accurate eligibility determinations		



PROCESS DESCRIPTION

Process Name: CAPS 3.0 CORRESPONDENCE		
Process Description: Need to communicate		
Process Activities: Manual communication request, correspondence is completed from standardized templates Automated notification occurs from RCS Correspondence is printed locally or centrally or both for distribution		
Process Stakeholders: CAPS staff, customers, providers and other program staff		Approval(s) Required: SOP designations
Data Inputs: Notifications and existing application, case, claims, invoice, and hearing records	Outputs: Executed communications	Information Technology Support: CAPS Robust Childcare System (RCS)
Process Measurements: Reduced office supplies and postage expenditures		Timeframe: Within SOP
Notes and Assumptions: Types of correspondence are determined from actual records associated with indicators and parameters		
Major Issues/Opportunities for Improvement: Issues – Defining potential correspondence needs and standardized templates Improvements – RCS correspondences from generated notifications, improved service delivery, standardized content and format, efficiencies from centralized correspondence distribution, tracking of correspondences by RCS and bilingual capabilities		
DHR IT Impact on Process: Correspondence pages process multiple record layouts		



PROCESS DESCRIPTION

Process Name: CAPS 4.0 WAITING LIST		
Process Description: Available funding		
Process Activities: Notification to CM of available funds from RCS processing Correspondence process is initiated If correspondence received from the customer within SOP, Determine Eligibility process is initiated		
Process Stakeholders: CAPS Case Manager, Customers, DHR budget staff		Approval(s) Required: Available funds and CM accepts customer is still eligible
Data Inputs: Existing application record, statewide or county budget records	Outputs: Determine Eligibility process	Information Technology Support: CAPS Robust Childcare System (RCS)
Process Measurements: Accurate count of waiting list and available funds		Timeframe: 1 day to 1 year
Notes and Assumptions: RCS interface to legacy system or funds management module or automated workflow funds management		
Major Issues/Opportunities for Improvement: Issues – Coordination with budgeting and legacy system interface to avoid duplicate data entry Improvements – Improved customer service, Waiting List is actually utilized from budget constraints and the Waiting List as a caseload tool is no longer necessary		
DHR IT Impact on Process: Documenting budgeting requirements from DHR budget staff		



PROCESS DESCRIPTION

Process Name: CAPS 5.0 INTER-COUNTY TRANSFER		
Process Description: The CAPS Case Manager learns of a customer moving to/from another county		
Process Activities: Verify Address CM Notification if appropriate Update Address Send Case File (both electronic and physical)		
Process Stakeholders: CAPS Case Manager, Customer		Approval(s) Required: Sending CM
Data Inputs: New Address, Case Record	Outputs: Case transferred	Information Technology Support: CAPS Robust Childcare System (RCS)
Process Measurements: Customer complaints		Timeframe: 1day to 1 month
Notes and Assumptions: Existing CM only processes case Record update.		
Major Issues/Opportunities for Improvement: Communications between State and County staff and between counties; potential break in services; and policy support. Automated case re-assignment		
DHR IT Impact on Process: N/A		



PROCESS DESCRIPTION

Process Name: CAPS 6.0 PROVIDER REGISTRATION		
Process Description: Individual or organization requesting approval to receive reimbursements from CAPS		
Process Activities: Search for existing provider records If existing, initiate Correspondence process for CCL notification including CPS screening for inactive formal providers Data entry including case record information updated to provider record		
Process Stakeholders: Third party group or vendor		Approval(s) Required: CCL and/or CPS
Data Inputs: Existing provider, case and claims records	Outputs: Provider registered	Information Technology Support: CAPS Robust Childcare System (RCS)
Process Measurements: Percentage of informal providers registered within established SOP		Timeframe: 1 day to 3 months
Notes and Assumptions: Third party group or vendor responsible for provider monitoring and compliance		
Major Issues/Opportunities for Improvement: Issues – Timely CPS screening and third party determination Improvements – Improved communication from legacy system interfaces, focus on customers eliminates conflict of interest within CAPS, improved efficiency and customer service		
DHR IT Impact on Process: Relationships between provider, case, invoice and claim records		



PROCESS DESCRIPTION

Process Name: CAPS 7.0 PROVIDER COMPLIANCE		
Process Description: Initial site visit or review time		
Process Activities: Determine type of provider Validate compliance requirements submitted Periodic monitoring Non-compliance, dismiss vendor		
Process Stakeholders: Third party group or vendor, provider		Approval(s) Required: OSR, CCL and/or CPS
Data Inputs: Existing provider, invoice and claims records	Outputs: Compliant or non-compliant	Information Technology Support: CAPS Robust Childcare System (RCS)
Process Measurements: Number of providers X percentage of monitoring reviews		Timeframe: 1 day to 1 month
Notes and Assumptions: Third party group or vendor responsible for provider monitoring and compliance		
Major Issues/Opportunities for Improvement: Issues – Face-to-face interview for Informal providers, timely CPS screening and third party determination Improvements – Improved communication from legacy system interfaces, focus on customers improves efficiency and customer service		
DHR IT Impact on Process: Relationships between provider, case, invoice and claim records		



PROCESS DESCRIPTION

Process Name: CAPS 8.0 INVOICING		
Process Description: Reimbursements to providers for delivery of Child Care services to CAPS customers		
Process Activities: Issue Invoice or access Internet invoice Provider submits invoice Data entry Invoice validated with invalid invoices rejected Submit invoices for payment		Payments are processed and distributed Third party vendor notifies the State of total amount paid for all providers State reimburses third party vendor Third party vendor distributes tax records to each vendor Tax records reported to IRS
Process Stakeholders: Third party group or vendor, provider and in-house or regional accounting		Approval(s) Required: Third party group or vendor validates invoices
Data Inputs: Existing provider, case and claims records	Outputs: Provider paid	Information Technology Support: CAPS Robust Childcare System (RCS)
Process Measurements: Total number of invoices X percentage of valid invoices Timeliness of payments to providers Provider satisfaction survey results		Timeframe: 1 day to 1 months
Notes and Assumptions: Third party vendor responsible for processing and distributing payments		
Major Issues/Opportunities for Improvement: Issues – Accounting controls maintained, centralization for invoicing and bilingual services Improvements – Improved financial information, focus on customers eliminates conflict of interest within CAPS, improved payment accuracy, uniform invoicing and payments		
DHR IT Impact on Process: N/A		



PROCESS DESCRIPTION

Process Name: CAPS 9.0 CASELOAD DISTRIBUTION		
Process Description: Case or caseload requires distribution among CMs		
Process Activities: Recognize need to re-distribute cases Determine how many cases require distribution and to whom Re-distribute and re-assign cases Case assignment and removal notifications Notify customers and other program staff of new CMs		
Process Stakeholders: CAPS Supervisors, Case Managers, Customer and other program staff		Approval(s) Required: Supervisor re-assigns cases
Data Inputs: Existing Case Records and CMs	Outputs: Case assignment	Information Technology Support: CAPS Robust Childcare System (RCS) or automated workflow
Process Measurements: Caseload equally distributed		Timeframe: 1 day to 1 month
Notes and Assumptions: Weight factors are pre-determined before re-distribution		
Major Issues/Opportunities for Improvement: Issues – High degree of flexibility to effectively re-distribution cases Improvements – Transfer one or more cases at once and effectively manage caseloads		
DHR IT Impact on Process: N/A		



PROCESS DESCRIPTION

Process Name: CAPS 10.0 TRAINING		
Process Description: Training for new worker, new policies, on-going and staff development		
Process Activities: Assess training needs In-house or third party conducted training sessions Create training modules, scripts, scoring and collateral materials		Logistics Conduct training Evaluate instructors Updated curriculums
Process Stakeholders: Training coordinators, instructors		Approval(s) Required: CAPS Management or Supervisors
Data Inputs: Training topics, modules, scoring and scripts	Outputs: Training completed	Information Technology Support: CAPS Training Web Site
Process Measurements: Reduction in questions to program help desk and consultants Reduction in error rates		Timeframe: 1 day to 1 month
Notes and Assumptions: Tracking last reviewed topics and history of scores		
Major Issues/Opportunities for Improvement: Issues – Providing staff an opportunity to receive training, management support, logistic difficulties, expenses, uniform training and updated scripts Improvements – Improved competency levels, consistent interpretation of training content and reduction in errors		
DHR IT Impact on Process: Efficient structure for training modules		



PROCESS DESCRIPTION

Process Name: CAPS 11.0 CASE ACCURACY REVIEW		
Process Description: Individual determines criteria to select cases for accuracy review		
Process Activities: Review specified elements Document findings Define corrective actions Inform CM of findings Review corrections from CM Non-submitted corrections, work improvement plan developed for CM		
Process Stakeholders: Supervisor, Case Manager		Approval(s) Required: Supervisor
Data Inputs: Existing case records	Outputs: Accuracy findings	Information Technology Support: CAPS Robust Childcare System (RCS)
Process Measurements: Improved accuracy in findings from reviews		Timeframe: 1 day to 1 month
Notes and Assumptions: Appropriate output for case selections		
Major Issues/Opportunities for Improvement: Issues – PMF modification to support policy changes and reports to E&R regarding case accuracy Improvements – Improved CAPS program integrity		
DHR IT Impact on Process: Appropriate selection criteria method		



PROCESS DESCRIPTION

Process Name: CAPS 12.0 CLAIMS		
Process Description: Unreported changes are discovered		
Process Activities: Verify circumstances of change including date and time period Determine type of claim Amount of claim determined by RCS Customer or provider notified Repayment agreement is signed		Case is closed or provider record changed to inactive if repayment agreement is not signed Tracking of payments Case Manager or third party group or vendor notified if a scheduled payment is missed
Process Stakeholders: Case Managers, customer, provider and third party group or vendor		Approval(s) Required: Case Manager or third party group or vendor
Data Inputs: Claims record and existing case, provider and claims records	Outputs: Scheduled claims payments	Information Technology Support: CAPS Robust Childcare System (RCS)
Process Measurements: Increased number of new claims Customers with existing claims are denied benefits in other counties		Timeframe: 1 day to 1 month
Notes and Assumptions: History of claims Prioritization of claims, if multiple		
Major Issues/Opportunities for Improvement: Issues – Outsourcing delinquent claims and training Improvements – Improved collection of claims, reduced AE claims and consistent monthly payment statements		
DHR IT Impact on Process: N/A		



PROCESS DESCRIPTION

Process Name: CAPS 13.0 SUSPECTED FRAUD REFERRAL		
Process Description: Suspicion that information was withheld from CAPS		
Process Activities: Evaluate to ensure not an inadvertent or agency error Data entry Notification to OIS Follow up on OIS disposition		
Process Stakeholders: Case Managers, Customer, provider and OIS		Approval(s) Required: OIS
Data Inputs: Existing case, provider, invoice and claims records	Outputs: Referral to OIS	Information Technology Support: CAPS Robust Childcare System (RCS)
Process Measurements: Number of cases prosecuted Number and amounts of IPVs Number of referrals		Timeframe: 1 day to 6 months
Notes and Assumptions: Update claims records for tracking		
Major Issues/Opportunities for Improvement: Issues – Interface to legacy system Improvements – Efficient OIS access, referral tracking, reduction in paper work, improved CAPS program integrity and improved accountability		
DHR IT Impact on Process: Relationships with claims records		



PROCESS DESCRIPTION

Process Name: CAPS 14.0 HEARINGS		
Process Description: Customer requests a hearing		
Process Activities: Review case file Mediation Complete OSAH Form Submit customer request, case documentation and OSAH form to Supervisor for Second Party Review		Submit customer request, case documentation and OSAH form to Hearing Officer within SOP ALJ sets hearing date and time ALJ makes determination ALJ determination is submitted to the county office to update case file
Process Stakeholders: Supervisors, Case Managers, Customer and OSAH		Approval(s) Required: Supervisor, ALJ
Data Inputs: Hearing record and existing case and claims records	Outputs: Resolution	Information Technology Support: CAPS Robust Childcare System (RCS)
Process Measurements: Number of hearing requests X percentage of cases processed		Timeframe: 1 day to 6 months
Notes and Assumptions: RCS will create hearing records for each request		
Major Issues/Opportunities for Improvement: Issues – Are electronic signatures accepted on OSAH form Improvements – Improved customer service and ALJ access to RCS		
DHR IT Impact on Process: Case record relationships with hearing records		



PROCESS DESCRIPTION

Process Name: CAPS 15.0 DISSEMINATE PROGRAM INFORMATION		
Process Description: CAPS policy and/or procedure changes		
Process Activities: Assess source, importance, urgency and permanency to determine target audience and method for disseminating information Create and produce documents Distribute documents		
Process Stakeholders: All CAPS staff		Approval(s) Required: Policy group
Data Inputs: DHR Online Directives Information System (ODIS) and field links to on-line policy	Outputs: Informed Staff	Information Technology Support: ODIS, CAPS Robust Childcare System (RCS)
Process Measurements: Timely updates of policies and procedures to CAPS staff Consistent interpretation of policies and procedures Development and execution of Communications Plan Reduction in number of policy questions		Timeframe: 1 day to 6 months
Notes and Assumptions: On-line policy manual		
Major Issues/Opportunities for Improvement: Issues – Distrust of automated systems, lack of technical expertise and organized dissemination Improvements – Multiple methods to receive information, Improved customer service, reduced errors and timely, accurate and consistent information		
DHR IT Impact on Process: Hyperlinks to on-line policy from data fields		



PROCESS DESCRIPTION

Process Name: CAPS 16.0 PUBLICIZE CAPS		
Process Description: Community communications about CAPS		
Process Activities: Determine scope of campaign Develop campaign Implement campaign Evaluate campaign		
Process Stakeholders: All CAPS staff, community		Approval(s) Required: Policy group
Data Inputs: CAPS program information	Outputs: Increased awareness of CAPS	Information Technology Support: CAPS public web site
Process Measurements: Goals of campaign being met Percentage increase of applications for Child Care assistance Return on Equity (ROE)		Timeframe: 1 day to 6 months
Notes and Assumptions: Existing CAPS public web site		
Major Issues/Opportunities for Improvement: Issues – Budget to serve all need families and timely processing of applications Improvements – Increased awareness of CAPS, added demand for CAPS services and improved customer access to CAPS program information		
DHR IT Impact on Process: N/A		



**APPENDIX – G
JOB DESCRIPTIONS**



Capsule descriptions of the duties and skill sets expected of CAPS staff using the reengineered processes in the new CAPS Business Model are outlined in this appendix. These descriptions are geared toward the specific Business Areas and processes as defined within this report and are not intended to be all inclusive position descriptions.

County Program Assistant

Duties	Skill sets
<ul style="list-style-type: none"> • Answer questions from public about the specifics of application filing; 	<ul style="list-style-type: none"> • Ability to communicate with the public and other staff within the office;
<ul style="list-style-type: none"> • Evaluate applications for completeness; 	<ul style="list-style-type: none"> • General child care program knowledge;
<ul style="list-style-type: none"> • Return incomplete applications; 	<ul style="list-style-type: none"> • Ability to recognize incomplete applications; and
<ul style="list-style-type: none"> • Data entry of information from paper applications; and 	<ul style="list-style-type: none"> • Data entry skills.
<ul style="list-style-type: none"> • Refer customers to the appropriate informational reference materials. 	



County Case Manager

Duties	Skill sets
<ul style="list-style-type: none"> Data entry of information from applicants and recipients; 	<ul style="list-style-type: none"> Thorough child care program policy knowledge;
<ul style="list-style-type: none"> Identify and correct information entered in the RCS incorrectly; 	<ul style="list-style-type: none"> Analytical skills;
<ul style="list-style-type: none"> Identify and resolve or report system problems; 	<ul style="list-style-type: none"> Ability to communicate with customers, other DFCS staff and community partners;
<ul style="list-style-type: none"> Update and maintain information in the RCS and physical case files; 	<ul style="list-style-type: none"> Professional demeanor;
<ul style="list-style-type: none"> Assist customers with questions or concerns; 	<ul style="list-style-type: none"> Computer proficiency, including data entry skills, keyboard and system navigation skills;
<ul style="list-style-type: none"> Provide customer referrals to other programs to assure the receipt of quality child care; 	<ul style="list-style-type: none"> Ability to effectively multi-task responsibilities; and
<ul style="list-style-type: none"> Provide customer counseling regarding available and quality child care; 	<ul style="list-style-type: none"> Cultural awareness.
<ul style="list-style-type: none"> Explain case actions and mediate grievances expressed by customers, and interact with OSAH regarding hearings when necessary; 	
<ul style="list-style-type: none"> Identify, calculate, and establish 	



Duties	Skill sets
repayment for claims;	
<ul style="list-style-type: none">• Collaborate with partner Sections and agencies (i.e. ESS, CPS, ORS, OSR); and	
<ul style="list-style-type: none">• Interact with providers.	



Customer Service Representative

(This is a third party vendor position.)

Duties	Skill sets
<ul style="list-style-type: none">Assist providers who are having trouble entering data;	<ul style="list-style-type: none">Professional demeanor;
<ul style="list-style-type: none">Troubleshoot provider complaints or concerns;	<ul style="list-style-type: none">Computer proficiency, including data entry skills, keyboard and system navigation skills;
<ul style="list-style-type: none">Offer information to providers detailing the resources available to them (general information); and	<ul style="list-style-type: none">Ability to provide technical assistance to the providers in regards to submitting invoices;
<ul style="list-style-type: none">Make appropriate referrals.	<ul style="list-style-type: none">Ability to communicate with providers, DFCS staff and partners;
	<ul style="list-style-type: none">Ability to effectively multi-task responsibilities; and
	<ul style="list-style-type: none">Strong analytical and decision-making skills.



Standards Surveyor

(This is a third party vendor position.)

Duties	Skill sets
<ul style="list-style-type: none"> Conduct onsite visits at provider facilities or homes; 	<ul style="list-style-type: none"> Ability to travel to site visits, including possessing a current, valid drivers license;
<ul style="list-style-type: none"> Assess provider compliance with requirements; 	<ul style="list-style-type: none"> Professional demeanor;
<ul style="list-style-type: none"> Distribute provider packets containing program information and safety equipment; 	<ul style="list-style-type: none"> Cultural awareness;
<ul style="list-style-type: none"> Develop corrective action plans for providers who fail to meet compliance criteria; 	<ul style="list-style-type: none"> Computer proficiency, including data entry skills, keyboard and system navigation skills;
<ul style="list-style-type: none"> Notify providers of dismissal when compliance is not gained; 	<ul style="list-style-type: none"> Ability to recognize, analyze and develop workable solutions for problematic situations;
<ul style="list-style-type: none"> Communicate with Caps Case Managers, CAPS State staff and others; and 	<ul style="list-style-type: none"> Decision making ability;
<ul style="list-style-type: none"> Complete data entry of provider information. 	<ul style="list-style-type: none"> Ability to communicate with providers, DFCS staff and partners; and
	<ul style="list-style-type: none"> Knowledge of child care program policy as it relates to providers.



Account Specialist

(This is a third party vendor position.)

Duties	Skill sets
<ul style="list-style-type: none"> Monitor and enforce provider compliance; 	<ul style="list-style-type: none"> Professional demeanor;
<ul style="list-style-type: none"> Data entry of information documenting vendor compliance; 	<ul style="list-style-type: none"> Computer proficiency, including data entry skills, keyboard and system navigation skills;
<ul style="list-style-type: none"> Maintain provider files both within the system and the physical case files; 	<ul style="list-style-type: none"> Ability to provide technical assistance to providers;
<ul style="list-style-type: none"> Dismiss providers as warranted; 	<ul style="list-style-type: none"> Ability to communicate with providers, DFCS staff and partners;
<ul style="list-style-type: none"> Respond to provider questions, query/troubleshoot any issues as they arise; 	<ul style="list-style-type: none"> Ability to effectively multi-task responsibilities;
<ul style="list-style-type: none"> Provide guidance to providers; 	<ul style="list-style-type: none"> Sound analytical and decision making skills;
<ul style="list-style-type: none"> Provide appropriate referrals for service to providers based on circumstances, including training information; and 	<ul style="list-style-type: none"> Knowledge of child care program policy as it relates to providers; and
<ul style="list-style-type: none"> Provide Program assistance. 	<ul style="list-style-type: none"> Mathematical skills.



Trainer

Duties	Skill sets
<ul style="list-style-type: none"> Coordinating the logistics of training, including securing and preparing the training site, determining date and time for the training to be held; 	<ul style="list-style-type: none"> Professional demeanor;
<ul style="list-style-type: none"> Disseminate information about training opportunities available; 	<ul style="list-style-type: none"> Strong oratory skills;
<ul style="list-style-type: none"> Prepare training materials; 	<ul style="list-style-type: none"> Ability to communicate with DFCS staff and partners and to effectively impart information about the program;
<ul style="list-style-type: none"> Travel to training site; 	<ul style="list-style-type: none"> In-depth knowledge of all aspects of child care program policy;
<ul style="list-style-type: none"> Conduct training following the prescribed script; 	<ul style="list-style-type: none"> Ability to travel to site visits, including possessing a current, valid drivers license;
<ul style="list-style-type: none"> Document questions received, research the response and disseminate the responses to the appropriate parties; and 	<ul style="list-style-type: none"> Interpersonal skills;
<ul style="list-style-type: none"> Modify the training curriculum based on feedback provided by attendees. 	<ul style="list-style-type: none"> Cultural awareness; and
	<ul style="list-style-type: none"> Multimedia/computer skills.



Supervisor

Duties	Skill sets
<ul style="list-style-type: none"> Conduct system based reviews; 	<ul style="list-style-type: none"> Professional demeanor;
<ul style="list-style-type: none"> Manage caseloads with automated assistance; 	<ul style="list-style-type: none"> Knowledge of child care program policy;
<ul style="list-style-type: none"> Provide technical assistance and support to case managers; 	<ul style="list-style-type: none"> Computer proficiency, including data entry skills, keyboard and system navigation skills;
<ul style="list-style-type: none"> Orient new workers; 	<ul style="list-style-type: none"> Ability to communicate with DFCS staff, partner sections and agencies, customers and providers;
<ul style="list-style-type: none"> Provide instruction and on-the-job training to CAPS county staff; and 	<ul style="list-style-type: none"> Interpersonal skills;
<ul style="list-style-type: none"> Participate in pre-hearing mediations. 	<ul style="list-style-type: none"> Ability to effectively multi-task responsibilities;
	<ul style="list-style-type: none"> Leadership/management;
	<ul style="list-style-type: none"> Cultural awareness;
	<ul style="list-style-type: none"> Organizational skills; and
	<ul style="list-style-type: none"> Decision making and analytical skills.



Program Consultant

Duties	Skill sets
<ul style="list-style-type: none"> Conduct system-based third party reviews; 	<ul style="list-style-type: none"> Professional demeanor
<ul style="list-style-type: none"> Provide technical assistance to county staff; 	<ul style="list-style-type: none"> Thorough knowledge of all aspects of child care program policy;
<ul style="list-style-type: none"> Provide instructions to county staff within the specified field areas; 	<ul style="list-style-type: none"> Analytical skills;
<ul style="list-style-type: none"> Train county staff; 	<ul style="list-style-type: none"> Leadership skills;
<ul style="list-style-type: none"> Disseminate program information; 	<ul style="list-style-type: none"> Oratory skills;
<ul style="list-style-type: none"> Provide program guidance and mediation; 	<ul style="list-style-type: none"> Budgeting;
<ul style="list-style-type: none"> Provide consistent interpretation of policy; 	<ul style="list-style-type: none"> Cultural awareness;
<ul style="list-style-type: none"> Management of CAPS program within specified field areas; 	<ul style="list-style-type: none"> Organizational skills;
<ul style="list-style-type: none"> Reporting data to CAPS state staff and the Evaluation and Reporting Section; 	<ul style="list-style-type: none"> Ability to communicate with DFCS staff, partner sections and agencies, customers and providers;
<ul style="list-style-type: none"> Coordinate with field consultants in other programs; and 	<ul style="list-style-type: none"> Interpersonal skills;



Duties	Skill sets
<ul style="list-style-type: none">• Participate in partnerships within the community.	<ul style="list-style-type: none">• Ability to effectively multi-task responsibilities;
	<ul style="list-style-type: none">• Computer proficiency, including data entry skills, keyboard and system navigation skills;
	<ul style="list-style-type: none">• Ability to travel to site visits, including possessing a current, valid drivers license; and
	<ul style="list-style-type: none">• Ability to work independently.



APPENDIX – H

CHANGE MANAGEMENT OUTLINE



GEORGIA CHILDREN AND PARENT SERVICES (CAPS) SECTION BPR TEAM RECOMMENDATIONS FOR INITIATING CHANGE

CHANGE MANAGEMENT OUTLINE

I. INTRODUCTION TO CHANGE MANAGEMENT

This section introduces the participant to the Change Management campaign and its relationship to the Business Process Reengineering (BPR) project and the implementation of the new CAPS business model.

- A. Purpose of Change Proclamation
- B. Role of Change Management
- C. Change Management Team (CMT) Responsibilities
- D. Relationship of Change Management Team to BPR Team
- E. Relationship of Change Management Process to the BPR Project and the Implementation of the New CAPS Business Model

II. CHANGE MANAGEMENT ISSUES

This section addresses issues that are *key* to the success of the Change Management campaign.

- A. Executive Management Endorsement & Sponsorship
- B. Leadership Roles
 - 1. Authority/Autonomy
 - 2. Appoint Executive Sponsor
 - 3. Appoint Team Leader
 - 4. Time Commitments
- C. Change Management Team (CMT) Staffing
 - 1. Change Management Coach
 - 2. Mid-Management State and County Representation
 - 3. Administrative Assistants
 - 4. Subject Matter Experts (SME)
 - 5. Time Commitments
- D. CMT Orientation and Training
- E. Cultural and Environmental Scan
- F. Define Mission and Vision for Change
- G. Define Project Goals
 - 1. Identify and Secure Planning Tools
 - 2. Identify Scope and Complexity of Change Effort
 - 3. Expected Accomplishments and Outcomes
 - 4. Timelines



5. Measurements of Success

III. INITIAL PLANNING AND SCOPE

This section addresses the initiation of the Change Management campaign and discusses the organizational model for reengineered business processes.

A. Business Environment

1. BPR Recommendations
2. Current Organizational Structures and Operations
3. Revised Organizational Structures and Operations
 - a. Overall Business Vision, Mission, and Philosophy
 - b. New Business Model and Organizational Structure
 - c. Management and Staffing Units/Levels
 - d. Reporting Structures
 - e. Redefining *Span of Control* for Supervisory Functions
 - f. Working Units and Relationships
 - g. Partnerships

B. Change Management Activities and Staffing Plan Assignments

1. Identify/Prioritize Short-Term and Long-Term Goals
2. Identify Strategies for Achieving Goals
3. Schedules and Timeframes
4. CMT Roles and Responsibilities

C. Change Management Interaction with CAPS' Strategic Plan

IV. BUDGET PLANNING FOR CHANGE MANAGEMENT

This section defines the required budget for initial Change Management activities and ensures that their needs are included in the CAPS' overall Section budget request.

A. Prepare Change Management Budget by Activity

1. Staffing
2. Supplies
3. Travel/Accommodations



4. Technology/Tools
 5. Outsourcing (as necessary)
 6. Other
- B. Integrate Change Management Budget into CAPS Budget Request
1. Prepare Decision Item for Budget
 2. Negotiate Decision Item for Budget

V. COMMUNICATION AND MARKETING PLANNING

This section addresses the development and execution of communication and marketing plans necessary for Change Management activities.

- A. Identify Target Audience
1. Customers
 2. Executive Management
 3. Oversight Committee
 4. Steering Committee
 5. CMT and/or Management Teams
 6. CAPS Staff
 7. Stakeholders/Strategic Partners
 - a. Governor's Office
 - b. DHR Commissioner's Office
 - c. DFCS Division Director's Office
 - d. Other DHR Divisions and Sections
 - e. Legislature
 - f. Budget/Finance
 - g. Audits/Quality Control
 - h. Investigative Services
 - i. Human Resources
 - j. Information Technology Services/GTA
 - k. Testing/Training Services
 - l. Provider Associations
 - m. Not-for-Profit Organizations
 - n. Employee Organizations
- B. Identify and Develop Plan Content
1. Communications
 - a. Identify Target Audience
 - b. Develop Message
 - c. Develop Timelines
 2. Marketing
- C. Identify Appropriate Media for Target Audience
1. Internal Information Vehicles
 2. External Information Vehicles



3. Community Service and Public Information Programs
 4. Program Specific Detailed Media
- D. Develop/Integrate Communication and Marketing Budgets

VI. CHANGE READINESS ASSESSMENT

This section baselines the current environmental needs assessment and determines the organization's readiness for change.

- A. Business Environment
 1. Organizational Culture
 2. Formal and Informal Structures
 3. External relationships
 4. Sacred Cows, Leaders, and Change Agents
 5. Assess Staff Policy Knowledge
 6. Assess Staff Functional Skills
 7. Assess Staff PC Knowledge and Skills
 8. Assess Facilities and Available Resources
- B. Technology Environment
 1. Internal Systems' Relationships
 2. External Systems' Relationships
 3. Technological Sacred Cows, Leaders, and Change Agents
 4. Technology Barriers (Real/Artificial)

VII. IMPACT ASSESSMENT

This section addresses the gap and subsequent impact between the existing business environment and implementation of the new business model.

- A. Business Environment
 1. Identify Impacts to Organizational Culture
 2. Identify Impacts to Formal and Informal Structures
 3. Identify Impacts to Stakeholders
 4. Identify Impacts to External Relationships
 5. Identify Real and Artificial Barriers
 6. Assess the Impact to Facilities and Resources
 7. Define New Employee Preparation Process
 8. Assess Training Needs
 9. Define New and Changed Policies and Procedures
 - a. State Rules and Regulations
 - b. Desk Procedures
 - c. Functional Procedures
 - d. Manual Procedures



VIII. HUMAN RESOURCES PLANNING

This section contains plans to transition the skills of staff to new business practices from current skill sets, at every level within the organization. It will also help develop the necessary plans to match employee skills to appropriate job responsibilities.

- A. Study and Document Existing Organizational Staffing Structure and Current Initiatives
 - 1. Determine Impact on Current Positions
 - 2. Document Job Responsibilities
- B. Determine Knowledge and Skills Necessary for the New Business Model
 - 1. Determine Skills Required for Positions Impacted
 - 2. Determine Work Roles and Responsibilities of Positions within the New Business Model
 - 3. Determine Probationary/Trail Service Periods
 - 4. Determine Impact of New Automation on Processes and Positions

IX. PERFORMANCE METRICS – INDIVIDUAL AND ORGANIZATIONAL

This section covers the performance measurements to be used throughout the Change Management campaign to monitor the proficiency and success of the organization as it moves toward implementing the new business model.

- A. Business Environment
 - 1. Define Overall Mission
 - 2. Define Expected Outcomes
 - 3. Define Cost Targets
 - 4. Define Job Responsibilities Necessary to Accomplish Outcomes
 - 5. Define the Working Environment
 - a. People
 - b. Equipment
 - c. Facilities
 - 6. Measure Against Business Objectives
 - 7. Develop Metrics that are Real, Reasonable, and Measurable
- B. Administrative Objectives
 - 1. Define Measurement Methodologies
 - a. Statistical
 - b. Financial



2. Establish Timelines
- C. Re-evaluate Measurement on a periodic basis
- D. Individual Metrics
 1. Define Individual Roles and Assignments Necessary to Meet the Outcomes of the Change Management Campaign
 2. Determine the Effectiveness of Performance
- E. Performance Methodology Feedback
 1. Immediate
 2. Cumulative
 3. Span
- F. Performance Management
 1. Individual Expectations
 - a. Information on Performance
 - b. Access to Training Support
 - c. One-on-One Resources Management
 - d. Mentoring
- G. Identify Impacts
 1. State
 - a. Retraining
 - b. Behaviors
 - c. Acceptance
 2. County
 - a. Retraining
 - b. Behaviors
 - c. Acceptance
- H. Re-evaluate Metrics at Periodic Intervals
 1. Establish Timelines
- I. Identify Training Needs for Each Job Responsibility
 1. Interpersonal Skills
 2. Communication Skills
 3. PC Skills
 - a. Basic Knowledge
 - b. In-Depth Knowledge
 - c. Maintenance
 4. Analytical Skills
 5. Cultural Awareness
 6. Program/Policy Knowledge/Continuing Education
 7. Time Management
 8. Management/Supervisory Skills
- J. Develop Employee Recognition Plans Geared to Accomplishment, Quality, Customer Service and Outcomes
 1. Define Success and Accomplishment



- a. Skills, Activities, Abilities, Tasks

X. TRANSITION PLANNING

This section addresses specific activities that move an organization from the old business model to the new.

- A. New Business Model
 - 1. Transitioning the Management Structure and Required Units
 - 2. Identify Internal Processes that Can Be Eliminated (non-value added) during Conversion and Transition to New Business Processes
 - 3. Determine which new processes can be implemented without automated support
 - 4. Document Impact to Client Service and Potential Interruptions
 - a. Business Model Related
 - b. Technology Related
 - 5. Determine the Stop Gaps and Quick Fixes to Use During the Transition
 - a. Throw Away Methods
 - b. Specialized Processes to Get Quality Work Delivered
 - 6. Determine the Required Facilities and Site Preparation
- B. Other
 - 1. Prepare Transition Budget and Timelines
 - 2. Update Metrics Analysis Plan

XI. NEW BUSINESS MODEL EDUCATION

This section addresses the training plan for Change Management activities and the new business model

- A. Business Environment
 - 1. Develop Education Plan (Restate Vision, Goals, Objectives, Expectations, and Measurements)
 - 2. Identify Target Audience
 - 3. Develop Training Strategies, Modules, and Schedules
 - 4. Develop User Guides
 - a. Develop Graphical Representation of Tasks and Steps No Longer
 - b. Develop Exercises for Experiencing New Processes and Tools
 - 5. Develop Training Budget
 - 6. Acquire and Train the Trainers



- a. Internal Resources
- b. Outsourcing
- 7. Implement Training Plan
- 8. Evaluation and Modifications of the Training Plan as Necessary

XII. BUSINESS PRACTICE/LABORATORY

This section addresses a laboratory approach that may be used to test the new business model and the corresponding new automation and tools acquired.

- A. Identify laboratory Organization and Purpose
 - 1. Determine Functions
 - a. Business
 - b. Systems
- B. Prepare and Secure Laboratory Budget
- C. Set-Up Laboratory
 - 1. Identify Resources to Track and Coordinate Changes
 - 2. Establish the Test Laboratory Environment
- D. Institute New Business Practice and Technology Tools
- E. Establish Performance Metrics and Measurements
- F. Simulate New Model
- G. Study and Document Results
- H. Identify Transition, Conversion, and Implementation Issues
- I. Institute Necessary Adjustments and Reevaluate Prior to Pilot

XIII. IMPLEMENTATION PLANNING

This section focuses on the development of a high-level implementation plan for use as a building platform during the laboratory activity.

- A. Business Environment
 - 1. Develop the Conversion Plan for New Business Model Implementation
 - a. Case Conversion
 - b. Data Purification
 - c. Operational Approach During and After Conversion
 - 2. Define the Help Desk Role
 - 3. Coordinate the Transition Plan
 - 4. Coordinate the Process and Technology Implementation and Maintenance Plans
- B. Other
 - 1. Prepare Implementation Budget and Timelines
 - 2. Measure Results of Implementation



XIV. CONTINGENCY PLANNING

This section addresses contingency plans for all segments of the Change Management operation and implementation of the new business model.

- A. Contingency Categories
 - 1. Key Team Changes
 - 2. Scope Changes
 - 3. Legislative Changes/Executive Mandates
 - 4. Resources
 - 5. Partnering
 - 6. Technology Changes That Offer New Opportunities
 - 7. Budget Approval/Disapproval
- B. Contingency Activities
 - 1. Negotiate Consensus on Project Scope Changes
 - 2. Re-establish Scope and Vision,
 - 3. Re-establish Project Plans and Expected Outcomes
 - 4. Re-establish Organizational Commitment
 - 5. Re-establish Authority and Responsibility
 - 6. Revise Documentation
 - 7. Revise Budgets

XV. APPENDICES

This section enumerates the various plans and budgets created during the Change Management campaign

- A. Change Management Plan (CMP)
 - 1. Change Management Staffing Plans
 - 2. Change Management Orientation Plan
 - 3. Communications Plans
 - 4. Marketing Plans
 - 5. Enterprise-Wide Human Resources Plan
 - 6. Transition Plan
 - 7. Metrics Analysis Plans
 - 8. Education Plans
 - 9. Training Plans
 - 10. Implementation Plans
 - 11. Conversion Plan
 - 12. Contingency Plans
 - 13. Budget Plans
 - a. Human Resources



- b. Supplies
- c. Communications and Marketing
- d. Transition
- e. Training
- f. Laboratory
- g. Implementation



APPENDIX – I

SAMPLE PARAMETERS



SAMPLE PARAMETERS

Type	Parameters
Correspondence	Record layout + General Correspondence + Letter indicators Record layout + Request Verification + Required Action Record layout + Appointment + Required Action Record layout + Periodic Review + Required Action Record layout + Referrals + Required Action Record layout + Case Disposition + Required Action Record layout + Provider Dismissal + Required Action Record Layout + License Revoked + Required Action Claims Record + Claims Parameter + Letter indicators + Receipt Indicators

Type	Parameters
Letters	Situation Indicators + SOP

Type	Parameters
Frame Messages	Field X is required Field X exceeds allowed maximum Invalid Invoice

Type	Parameters
Notifications	Priority 1 Case Assignment Priority 1 Application Denied Priority 1 Address Change Priority 1 Change to Provider Priority 1 Request to Close Case Priority 1 Provider Compliance Priority 1 Funding Available Priority 1 Duplicate Invoice



	Priority 1 Claim Determined Priority 1 Review Changes Priority 2 SOP Notification Priority 2 Formal Provider Monitoring Priority 2 Informal Provider Monitoring Priority 2 Scheduled Claim Payment Not Received Priority 3 OIS Case Priority 3 Case Distribution Priority 4 Acknowledgements
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Type	Parameters
Application Number	Number (Algorithm to be defined)

Type	Parameters
Priority Alerts	Priority 1 – Critical for action now Priority 2 – High importance for action Priority 3 – Medium importance that may require action Priority 4 – Information Only

Type	Parameters
Benefit Verification	Picture ID Y or N Identification Y or N Employed Y or N Check stubs received Y or N

Type	Parameters
Eligibility Verification	Income Limits Age Limit Number of children Type of Care

Type	Parameters
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Error-Prone	To be determined during JADs
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Type	Parameters
Family Unit Rules	Number of Children in Family Unit Age of each child Relationship for each household member

Type	Parameters
Fees	Type of care Provider ID + Provider Rates for hourly, daily and weekly – Discounts determinations <ul style="list-style-type: none"> – Zone ID + Rates Assessed Fees – Zone ID – Maximum number of children – Relationship Code – Maximum Age Limit – Income Limits for each size family

Type	Parameters
SOP	Available funds for removal from Waiting List Completed final application Inter-county case transfers Informal Provider Certificate of Immunization verification Re-certification from case change or eligibility Monitoring Timely notice is required for: <ul style="list-style-type: none"> – Fee increases; – Service reductions; – Change in eligible members; – Termination of services; – Failure of client to pay assessed fee; and – Rate changes Hearing Request Hearing withdrawal/cancellation/postponement Appeal



	<ul style="list-style-type: none"> Customer Claim Dispute Claim Overpayment Claim termination after 4 years Monthly data on CAPS customers Reimbursed Providers CAPS child rate reduction due to birthday Provider Monitoring Client Eligibility Monitoring Informal Provider Monitoring Informal Provider Re-enrollment Claim Payment Schedule
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Type	Parameters
Flags	<ul style="list-style-type: none"> Confidential Complete Incomplete Eligibility undetermined Not eligible Waiting List Waiver Letter Special Need Central Accounting CAPS Employee Direct Deposit Suspected Fraud Referral Request Withdrawn

Type	Parameters
Provider Compliance	<ul style="list-style-type: none"> Orientation Types Investigation Types Review Types Form 704 Title VI

Type	Parameters
Provider Status	Pending Application



	Current License/Registration/Certification Suspended Expired/Revoked/Withdrawn
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Type	Parameters
Contact Type Code	Telephone Fax Voice Mail Pager Email Mail

Type	Parameters
Invoice Adjustment Codes	Payment requested before certificate authorization' Certificate expired Exceeded authorized days of care Child not scheduled to attend on this date Full days for school holidays not approved Child terminated care during or prior to service Invoice received more than 90 days after care provided Center/Home closed on Date(s) listed Unapproved holiday Child not authorized on invoice Child not affected by school closing Child not affected by voluntary closure days Child has documented excess absences To correct an error in reported attendance Special Needs supplement Holiday supplement Voided check replacement Stop payment replacement Parent Fee correction To correct an error on certificate To pay approved serviced dates not authorized Other



Type	Parameters
Invoice Exception Code	Provider not approved Invoice not signed Attendance not entered Duplicate invoice Provider closed Invoice held for investigation Post Office return-No forwarding address Missing or invalid Provider Tax-ID Late invoice Child not eligible for payment Child does not have a valid certificate More information for identified child Invoice not completed for all children Replacement check Claim repayment Affidavit request Returned by bank Stop Payment

Type	Parameters
Invoice Transfer Method	Electronic Transfer Web IVR Mail