

PROGRAM DESCRIPTION

Department: Social Services

HB Section(s): 11.105

Program Name: Income Maintenance Field Staff and Operations

Program is found in the following core budget(s): Income Maintenance Field Staff and Operations

1a. What strategic priority does this program address?

Move families to economic independence

1b. What does this program do?

The Family Support Division (FSD), Income Maintenance (IM) Field Staff Operations determine eligibility for assistance programs to help low-income and vulnerable Missourians, by ensuring accurate and timely eligibility determinations and reinvestigations are completed while documenting and monitoring benefit amounts, referring recipients to employment and training, and partnering with stakeholders and providers to enhance access to programs and services. This program provides funding for front-line and support staff to operate the IM Programs. Field staff include Benefit Program Technicians, Benefit Program Specialists, supervisors, managers, and clerical.

IM serves Missourians through Customer Service Centers and Resource Centers across the state. The Resource Centers are locations where individuals can walk in for assistance; Customer Service Centers focus on processing applications to determine eligibility for benefits and serving customers who seek assistance by contacting FSD's merit-staffed call center operation. Online services are also offered for individuals to check if they may be eligible, submit applications and upload verification documents, check the status of any pending applications for benefits, and report changes.

In FY 2023, FSD is contracting out to centralize incoming mail processing providing greater efficiency, reliability, and improved timeliness in delivery of benefits to applicants.

Missouri continues to implement a new eligibility and enrollment system for IM Programs called the Missouri Eligibility Determination and Enrollment System (MEDES) along with the Enterprise Content Management (ECM) system.

MEDES allows for streamlined workflows and business processes. MEDES users have reported improved usability, accuracy and efficiency in the system. Project 1 of MEDES focused on MO HealthNet programs for families and was completed October 31, 2018.

The ECM system captures, manages, preserves, and delivers content and documents related to public assistance eligibility and enrollment processes. The ECM allows FSD workers to process applications and perform casework activities statewide, regardless of their physical location. It enables electronic file storage that will eventually eliminate the need to maintain paper files.

In May 2021, FSD implemented a new tasking system. Current™ tracks applications, change in circumstances and annual renewals completed by eligibility staff and determines productivity and timeliness for each staff. This also assists in determining accurate benefit levels in a timely manner. Key Performance Indicators or KPI's were developed and shared with all FSD-IM field staff. These indicators allow staff to more clearly understand the expectations of their daily activities, while empowering management to more readily understand the output of their staff, compare it across all areas of work, and hold all staff to a similar accountability. In FY 2023, FSD will enter into a contract for Artificial Intelligence (AI) document indexing and software to improve timely and accurate processing of information submitted to the agency and the timeliness of notifications sent out from the agency. This will replace the current technology in use that requires each document to be manually reviewed and identified prior to being placed into a processing queue. In addition, FSD is exploring options for an Enhanced IM Customer Service Portal to allow FSD to remain accessible to clients at all times and provide a positive customer service experience.

In FY 2022 and FY 2023, supplemental authority was granted for SNAP American Rescue Plan Act (ARPA) funds to implement Centralized Mail and IM Document Artificial Intelligence (AI).

In addition to these two initiatives, FSD is utilizing SNAP ARPA funding to implement a new electronic verification service. The automated electronic verification service will automate and bundle eligibility verification resources and provide continuous monitoring lessening the burden on participants to provide information needed for renewals.

There is a FY 2024 New Decision Item Request to provide ongoing funding for the electronic verification services in the Eligibility Verification core.

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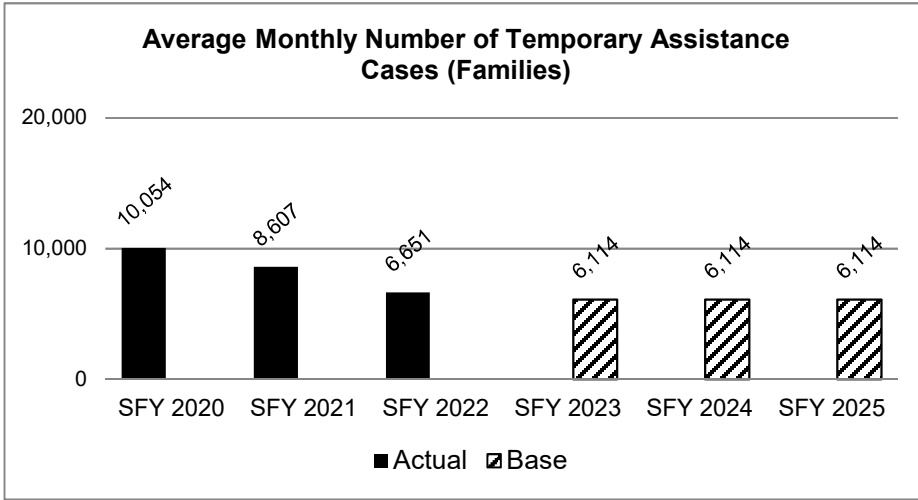
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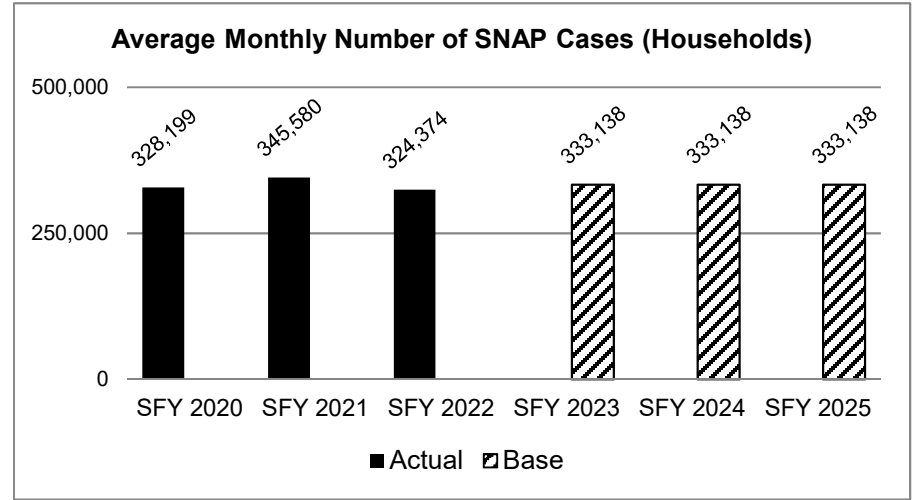
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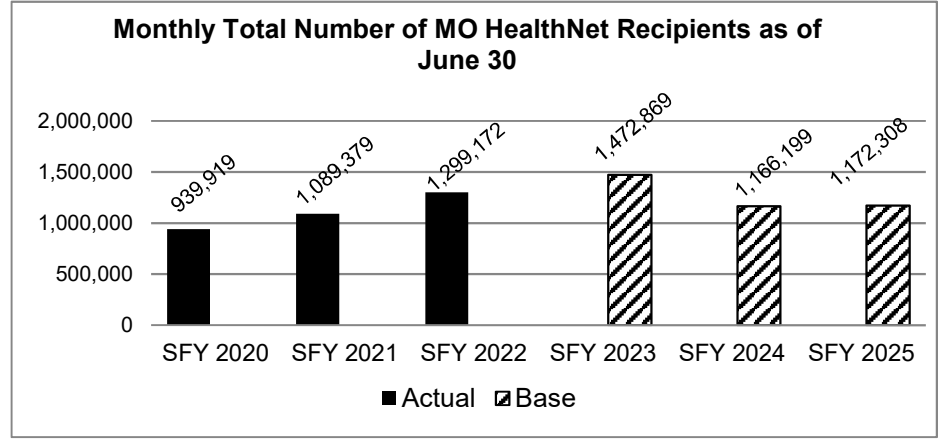
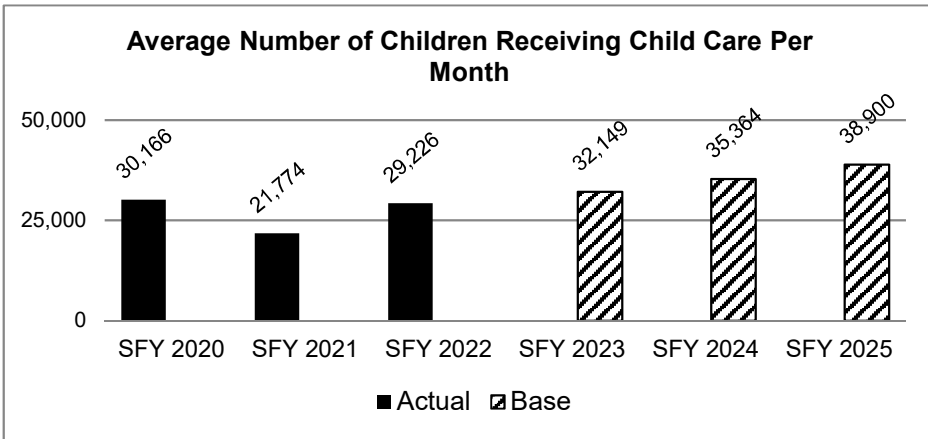
2a. Provide an activity measure(s) for the program.



Projections are based on current caseload numbers.



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Note: Includes Modified Adjusted Gross Income (MAGI), Permanently and Totally Disabled, and Elderly populations. Projections are based on current caseload numbers. SFY 2020, SFY 2021 and SFY 2022 numbers reflect the Families First Coronavirus Relief Act where Medicaid cases were to remain open. Beginning SFY 2022, the Adult Expansion Group (AEG) is included.

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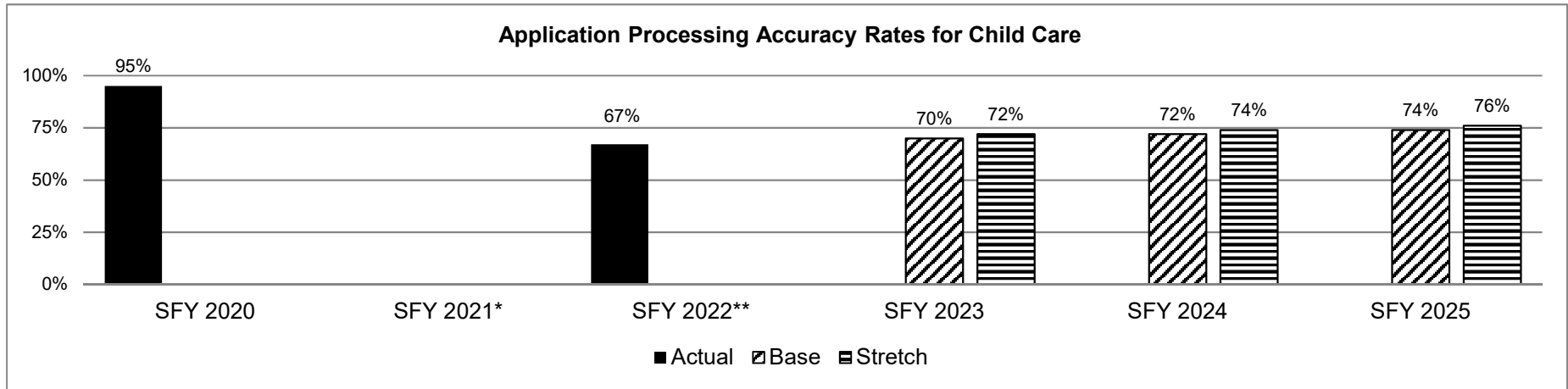
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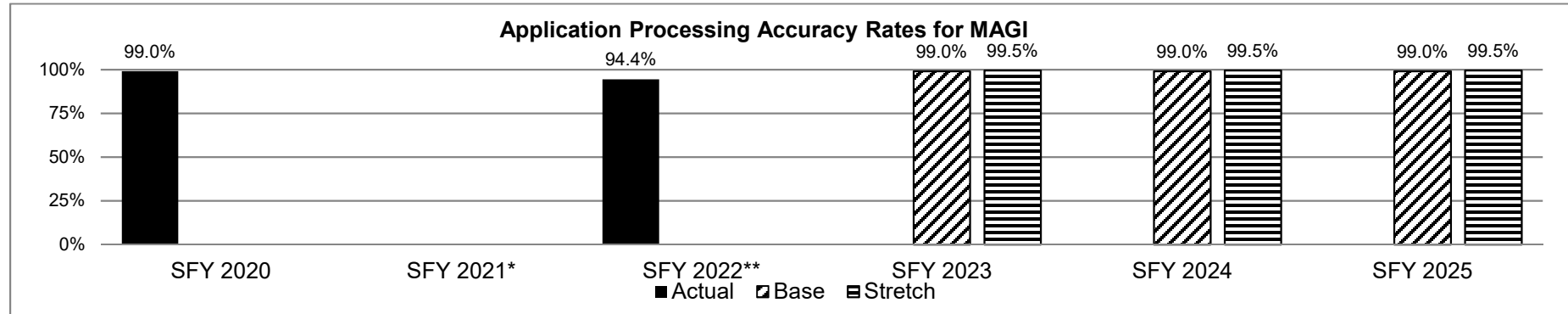
2b. Provide a measure(s) of the program's quality.

FSD has developed measures to quantify processing error rates for child care, MO HealthNet Aged, Blind, and Disabled (MHABD), MAGI and Temporary Assistance for Needy Families (TANF).



*Case reviews were not completed in SFY 2021 due to the COVID-19 Public Health Emergency (PHE).

**In SFY 2022, the decrease reported can be attributed to a review process that focuses on areas of improvement that have been identified since the TA/CC accuracy reviews began in May 2021. This type of review results in a higher rate of errors but improves with continued reviews.



*Case reviews were not completed in SFY 2021 due to the COVID-19 PHE.

**In SFY 2022, the decrease reported is due to an increase in Medicaid applications related to AEG. In addition, high staff turnover resulted in a larger number of new staff. Projections do not reflect a decrease as this is not expected to continue.

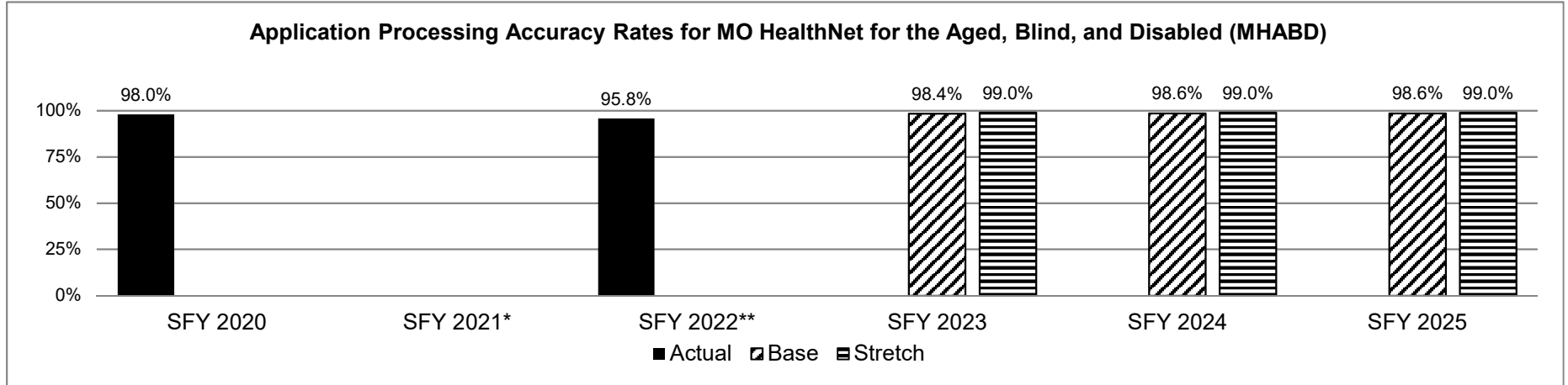
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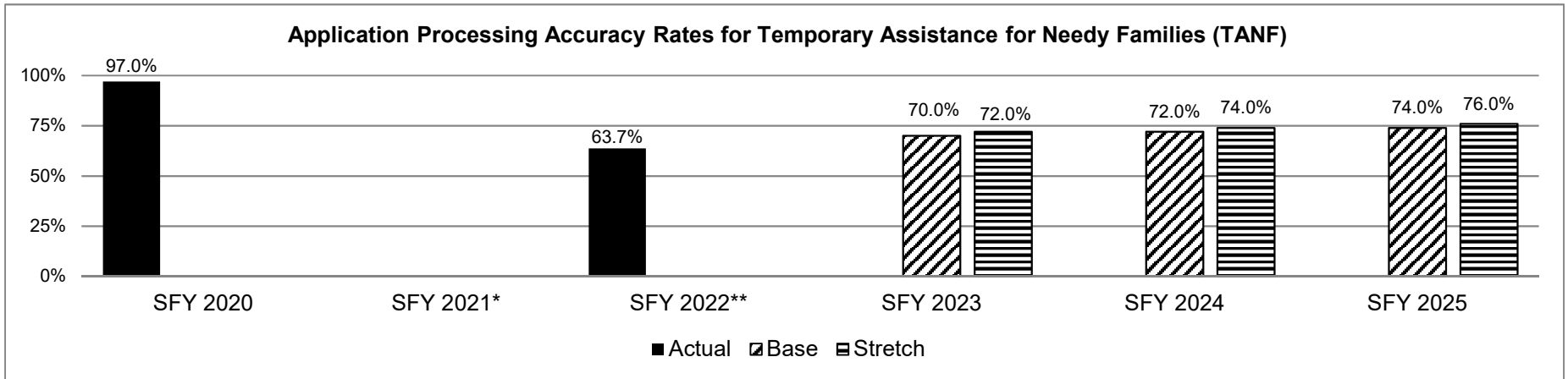
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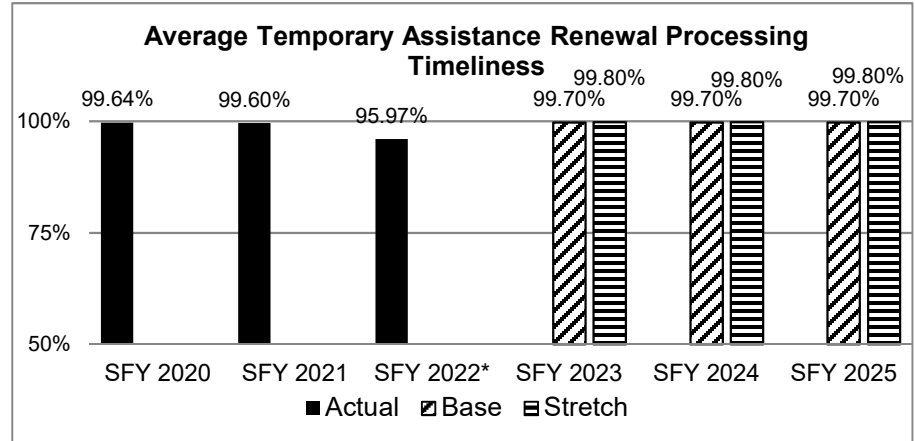
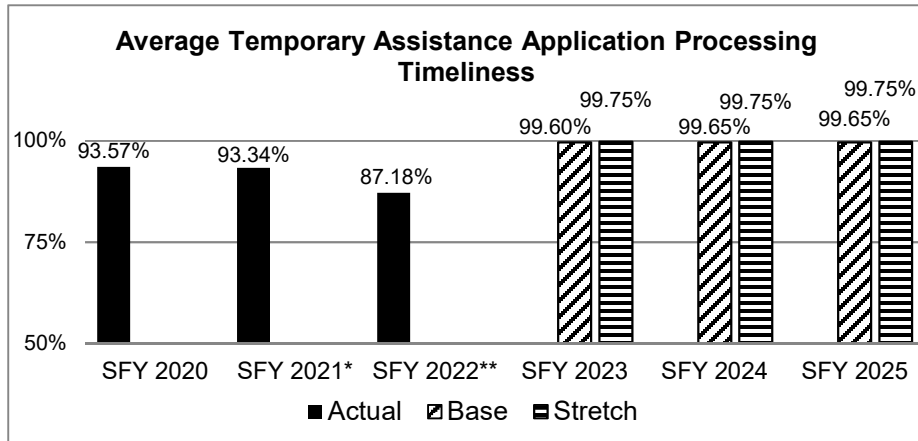
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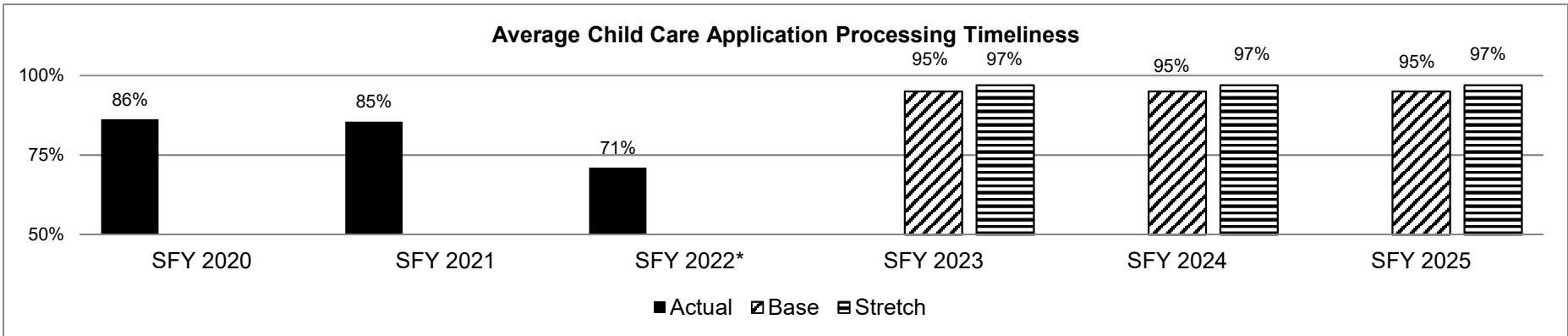
2c. Provide a measure(s) of the program's impact.



*SFY 2021 data reflect a decrease that occurred as a result of changes due to the COVID-19 pandemic.

**SFY 2022 decline is a result of a transition from a short form application, which required an interview, to a long form now available online as of July 25, 2022.

*SFY 2022 decline is a result of a transition from a short form application, which required an interview, to a long form now available online as of July 25, 2022.



The Child Care program has a certification period. Certification period means the time period that a case is eligible for benefits. Recipients must reapply annually to continue to receive benefits.

*Decrease in FY 2022 is due to an increase in applications for AEG, high staff turnover, and difficulty hiring staff. Projections do not reflect a decrease as this is not expected to continue.

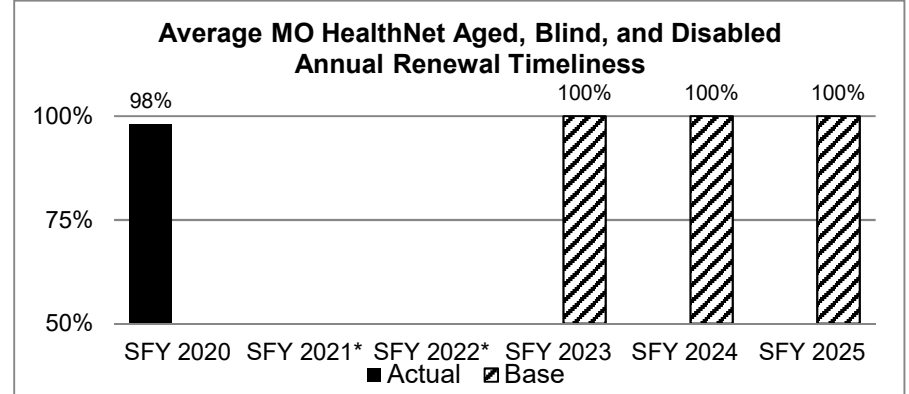
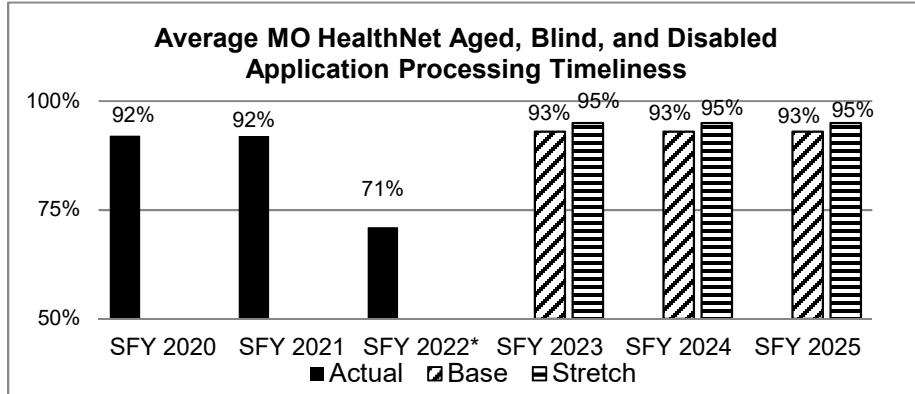
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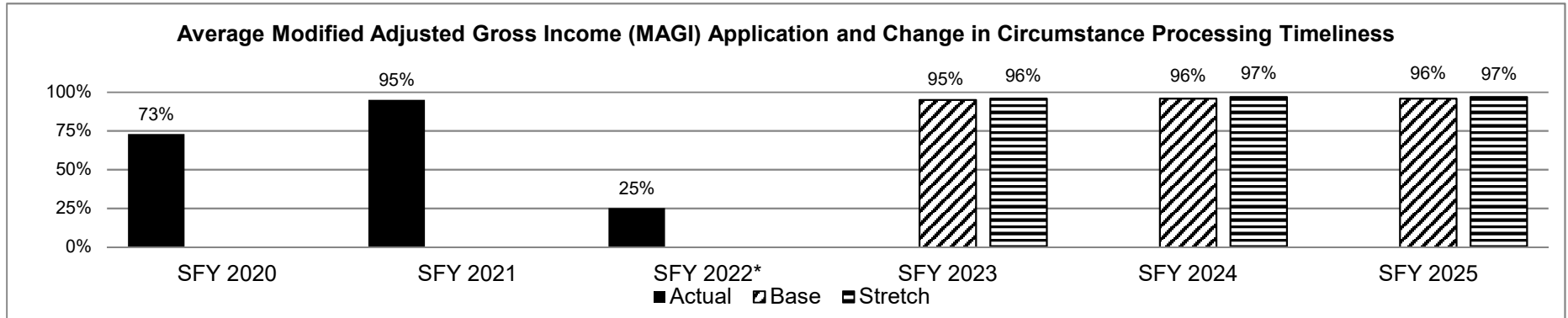
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*In SFY 2022, the decrease in timeliness can be attributed to an increase in applications for AEG. Eligibility for AEG had to be determined prior to determining eligibility for MHABD. Updates to the process moving forward, and the fact that we are close to processing current in MEDES will allow us to improve processing timeliness of these applications in the future.

*In SFY 2021 and SFY 2022, there was no data to report as COVID-19 PHE guidelines suspended requirements for Annual Renewals.



Beginning in SFY 2020, FSD implemented the ability to distinguish between initial applications and change in circumstance requests (active cases with address or household changes).

COVID-19 flexibilities allowed FSD to accept participant's attestation on most eligibility factors during the PHE. This resulted in a large increase in timeliness that may not be able to be maintained in SFY 2022.

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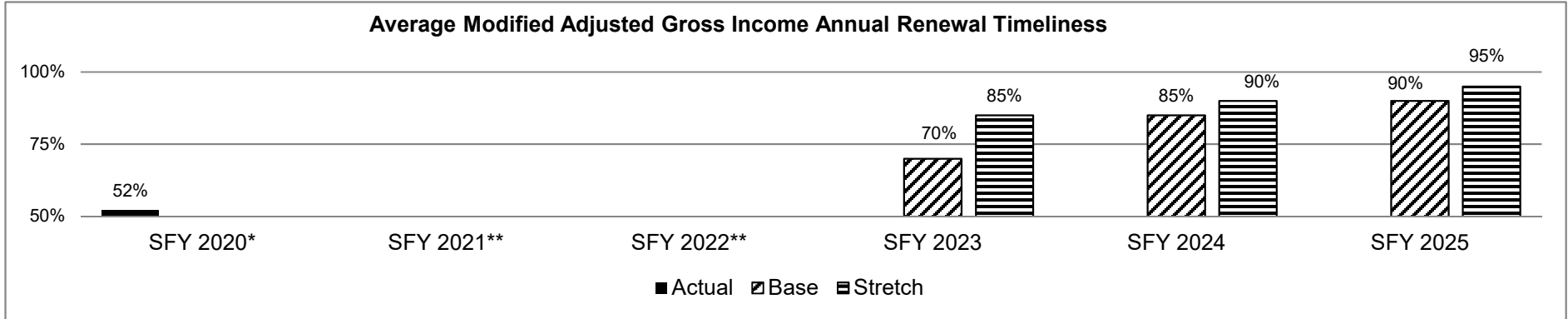
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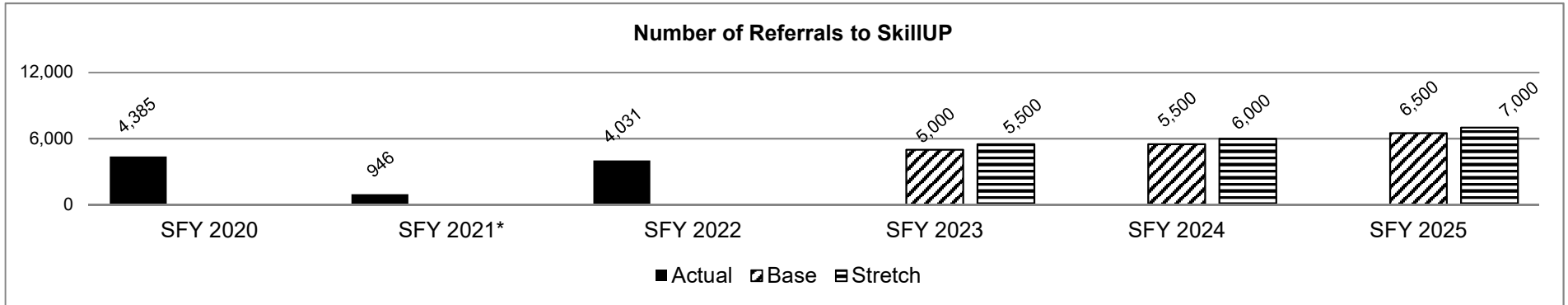
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FSD worked with the Centers for Medicare and Medicaid Services while developing and improving functionality.

*During prior years, many system issues caused the Annual Review backlog to rise. With system enhancements and because of some flexibilities around COVID-19, a large number of staff were able to be dedicated to the backlog of Annual Reviews. The reporting numbers only account for the annual reviews when they are completed. Because of this, the timeliness for SFY 2020 is much lower than projected. However, with the Annual Reviews now current, FSD can expect to remain at a much higher standard moving forward.

**Case reviews were not completed in SFY 2021 and SFY 2022 due to the COVID-19 PHE.



The FSD Resource Centers and Call Centers are referring clients interested in employment and training to SkillUP providers. The formalized referral process will soon include referrals from Vocational Rehabilitation, the Child Support (CS) Call Center, and Responsible Fatherhood programs. This referral process will be offered to other agencies.

*In SFY 2021, there was a decrease due to the COVID-19 pandemic. This trend is not expected to continue.

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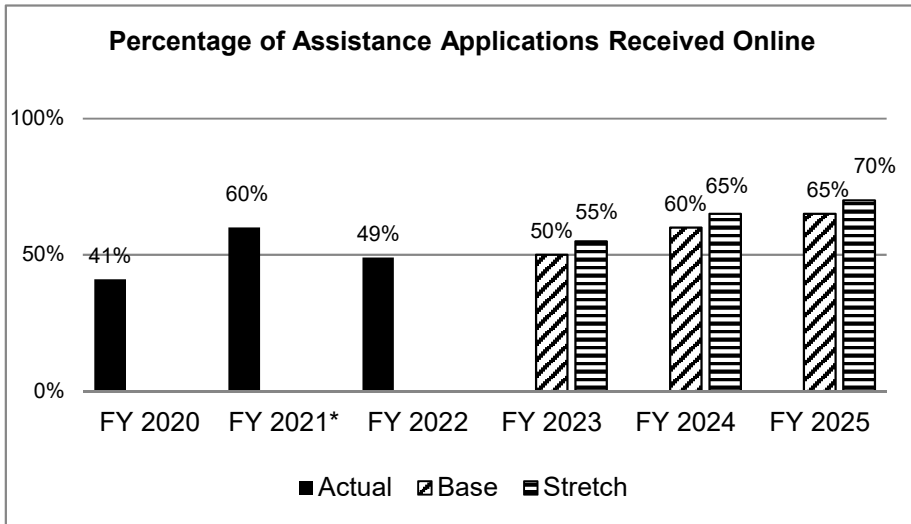
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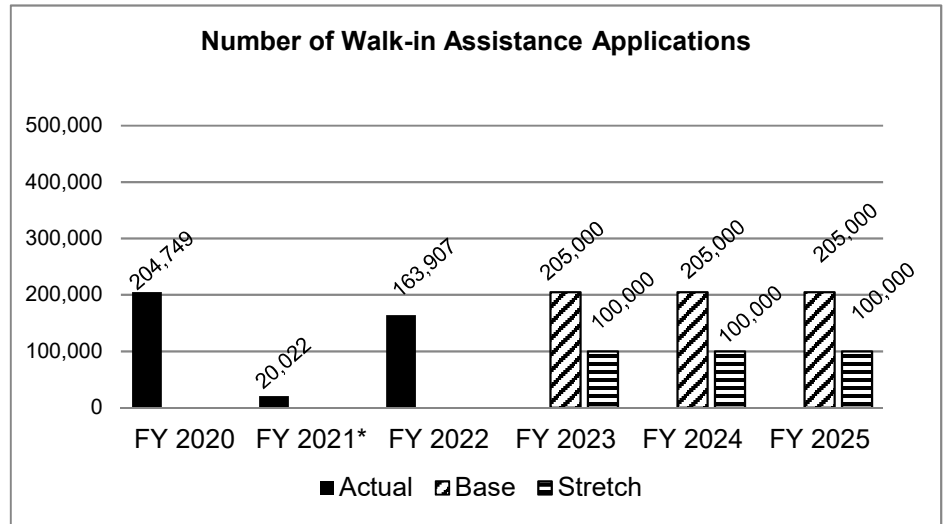
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2d. Provide a measure(s) of the program's efficiency.



FSD implemented the online application system for SNAP, Child Care, TANF and MO HealthNet (Aged, Blind, Disabled) on a statewide level in April 2017. There is a positive correlation between the increase in the percentage of online applications and a decrease in walk-in applications.

*In FY 2021, there was an increase of online applications received due to the COVID-19 PHE. In-person applications increased as offices reopened.



FSD implemented the online application system for SNAP, Child Care, TANF and MO HealthNet (Aged, Blind, Disabled) on a statewide level in April 2017. There is a positive correlation between the increase in the percentage of online applications and a decrease in walk-in applications.

*In FY 2021, for most of the year offices were open by appointment only due to the COVID-19 PHE.

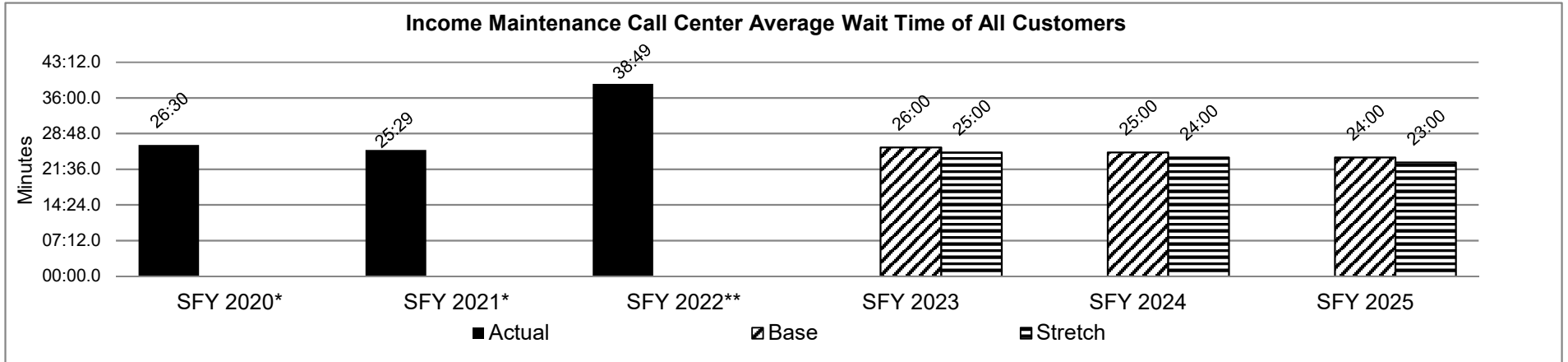
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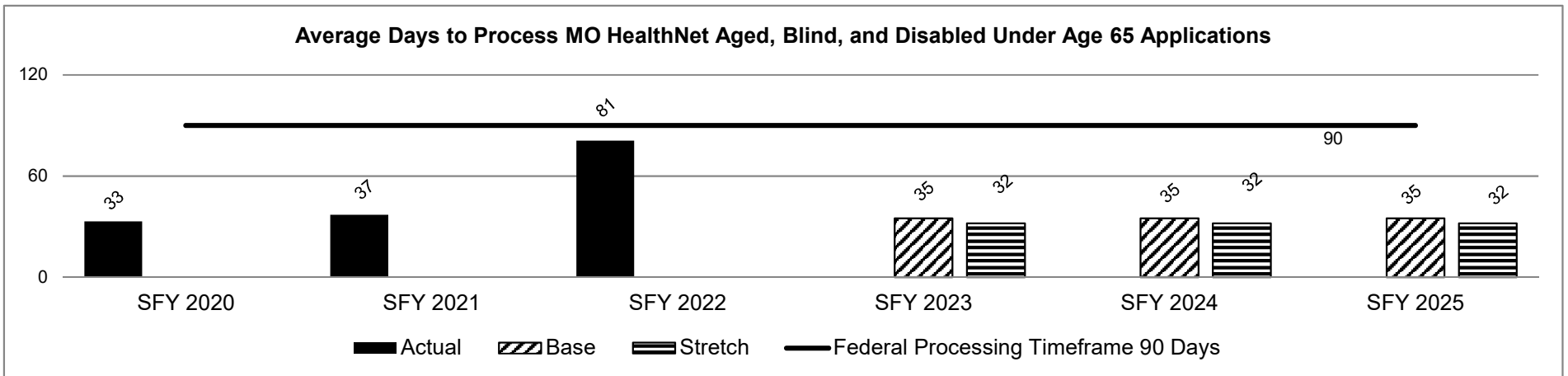
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*In SFY 2020 and SFY 2021, the wait time for all customers increased due to the COVID-19 PHE. All customers had to contact the call center virtually or by phone which increased the number of phone calls to the state.

**In SFY 2022 call wait times increased as we transitioned to a new software for our call center. Previously we had small queues which caused higher deflections, with the new Genesys software, callers are seldom unable to get through, which caused higher wait times. In addition, increases in call volume were related to the implementation of AEG and the extension of PHE.



FSD implemented a streamlined MHN application, or one application for all Medicaid programs with AEG in October 2021. Because of Medicaid expansion, and an extended open enrollment, FSD received over 200,000 applications in a few short months. This caused processing times to increase dramatically. Projections reflect improved number of days to process as the applications for AEG stabilize.

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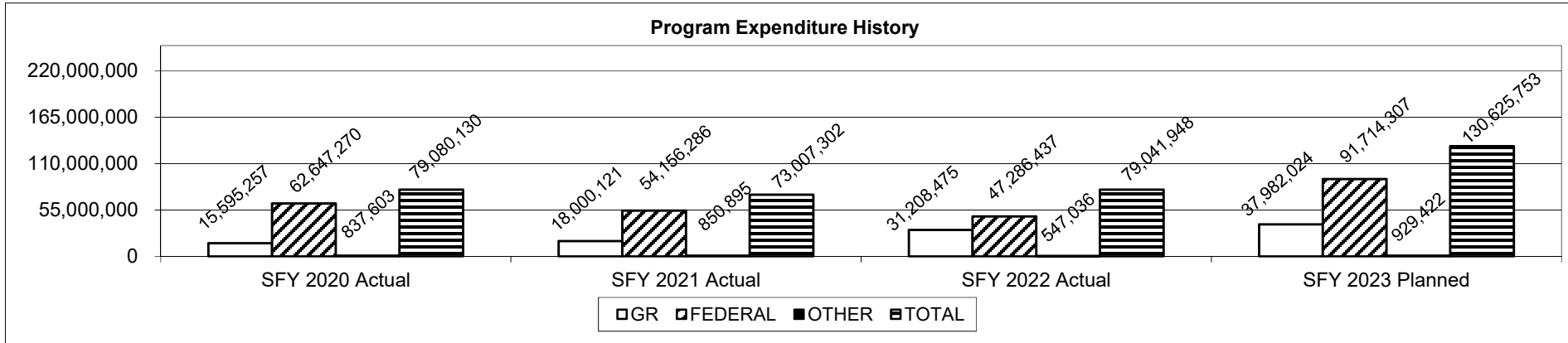
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3. Provide actual expenditures for the prior three fiscal years and planned expenditures for the current fiscal year. (Note: Amounts do not include fringe benefit costs.)



SFY 2023 Planned expenditures are net of reverted.

4. What are the sources of the "Other " funds?

Health Initiatives Fund (0275)

5. What is the authorization for this program, i.e., federal or state statute, etc.? (Include the federal program number, if applicable.)

State Statute: Sections 207.010, 207.022, and 208.420, RSMo.

6. Are there federal matching requirements? If yes, please explain.

IM Field Staff and Operations federal fund (FF) reimbursement is based on the IM time study rate of around (54% FF and 46% State Match) or at the level as specified under a specific grant such as MO HealthNet Administration (75% FF and 25% State Match) or SNAP Administration (50% FF and 50% State Match) if expenditures are reimbursable under the particular grant. The time study rate is determined by polling a select number of IM staff. In addition, some expenditures may be used as Maintenance of Effort (MOE) to earn other federal grants.

7. Is this a federally mandated program? If yes, please explain.

Resources used to support federal mandated programs such as SNAP and MO HealthNet are considered federally mandated.