

Joint Subcommittee for Health and Human Resources Oversight
Speaking Points Outline
September 19, 2018

- I. Introduction
- II. Where we have come from
 - a. Important to start here given impact progress has had on our ability to best respond to Medicaid Expansion (ME)
 - b. Local Agency Profile
 - i. Voluntary Turnover
 - 1. FY 16 – 24.7%
 - ii. Backlog and performance
 - 1. June 2015
 - a. 8,099 overdue MR cases
 - b. 68% timeliness
 - 2. JLARC Report
 - a. 119 out of 120 localities - % of recipients with overdue renewals
 - b. 120 out of 120 localities – caseload per eligibility worker (1230 cases per worker – state average 598)
 - c. 120 out of 120 localities – state administrative funding per recipient
 - iii. Outdated connection to state system compounded latency issues
- III. Organizational efforts to address barriers impacting our performance and service delivery
 - a. Collaboration – all efforts required state and local government support
 - b. Retention and workload management strategies
 - i. Salary adjustments - Board of Supervisors and State allocation of administrative funding supported
 - ii. Career development – Board of Supervisors and State allocation of administrative funding supported
 - c. Workload
 - i. Performance
 - 1. Backlog eliminated as of August 2017
 - a. Connectivity solution – JR instrumental
 - b. State staffed MR processing team
 - c. Overtime funding provided by the state
 - 2. Timeliness improvements
 - a. Staff assigned to manage Medicaid backlog
 - b. Internal changes – deadline to complete work
 - ii. Processes and workflow
 - 1. Organizational structure changes – Program manager role created with existing resources
 - 2. Intake & ongoing teams
 - d. Culture Change

- i. Strategic Plan - where are we going?
 - ii. Employee engagement – “Be the Change”
 - 1. Council for Performance Excellence
 - iii. DSS Administrative Board Engagement
 - IV. Where we are today?
 - a. Turnover – FY 18 - 13% compared to 24.7% FY16
 - b. Engaged workforce
 - c. Improved timeliness
 - V. Medicaid Expansion
 - a. Readiness Efforts:
 - i. All previous progress has an impact on our readiness for ME
 - ii. \$1.4 million allocation
 - 1. Resources to reduce existing workload
 - 2. Implement processes that ensure quality, timeliness, accuracy and community engagement
 - iii. Implementation team – four goal areas:
 - 1. Goal Area 1: Seamless process workflow to incorporate telework business model to offset workload
 - a. What needs to change with our current service delivery model?
 - 2. Goal Area 2: Data collection & technology – Data driven decisions and planning
 - a. Proactively approach workload
 - 3. Goal Area 3: Training /Onboarding Plan
 - a. Quality focus
 - 4. Communication/Stakeholder Engagement
 - a. Ensuring efficient processes with hospitals and mental health
 - iv. Important factors as we move forward:
 - 1. Communication – State/local
 - a. Timely & accurate
 - b. Timely resolution of concerns
 - 2. Technology
 - a. Accurate and useful reports from VACMS
 - b. Timely resolution of system defects
 - 3. Flexible funding
 - a. Flexibility to use funding to create positions, implement innovative approaches to address poverty, address salaries and create career development plans is key.
- VI. Final thought – Collaboration, responsiveness and communication at all levels is necessary to ensure success.