## Department of Health and Human Services Legislative Report LB 657

REPORT FOR: LEGISLATURE

REPORT DATE: December 15, 2015

**LEGISLATIVE BILL: LB 657** 

COMMITTEE NAME: HEALTH AND HUMAN SERVICES COMMITTEE

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#### **EXECUTIVE SUMMARY**

The Department of Health and Human Services administers and manages eligibility for Economic Assistance Programs (EA) and Medicaid and Long-Term Care (MLTC) through a service delivery system known as ACCESSNebraska. The ACCESSNebraska program was started in September 2008 with a public website containing an online application for benefits. ACCESSNebraska was fully implemented in April 2012. ACCESSNebraska operations contain the following components:

- ACCESSNebraska website
- Document Management with two imaging centers (Lincoln and Omaha)
- Customer Service Centers for Economic Assistance (Fremont and Scottsbluff) and Medicaid (Lexington and Lincoln)
- Local Offices (over 50 throughout Nebraska)
- N-FOCUS eligibility system

In May 2015, ACCESSNebraska began operating with a cross-divisional team focused on addressing operational improvement through a series of process initiatives. One of the strategic initiatives identified as an area of focus is the recruitment of new staff, as well as retention of current staff.

The purpose of this report is to provide information and analysis of the current state of staffing, and describe efforts and projects related to ACCESSNebraska staffing. The elements requested in LB657 include:

- (a) Data analysis of current staff vacancies by geographic area and types of positions;
- (b) Need for recruitment and retention of new employees by geographic area and types of positions;
- (c) Analysis of the human resources functions provided and needed to adequately train new staff members and move them into full capacity;
- (d) Analysis of the adequacy of current staffing numbers and patterns based on achieving federal standards related to (i) timeliness of new and renewal applications, (ii) accuracy of benefit amount determinations, and (iii) accuracy of approvals and denials; and
- (e) Analysis of strategies implemented and strategies need to adequately staff the ACCESSNebraska program in order to achieve federal timeliness and accuracy regulations and internal department goals.

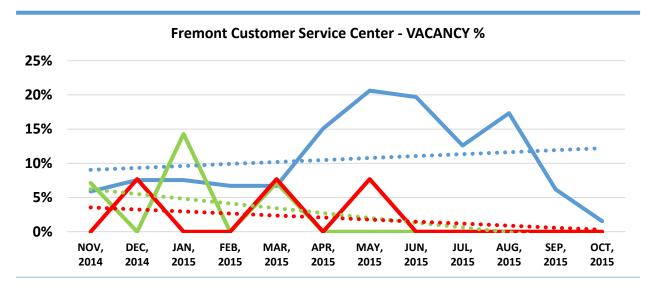
## (A) Data analysis of current staff vacancies by geographic area and types of positions:

Summary of data from November, 2014 to October, 2015 is below, and on the subsequent pages

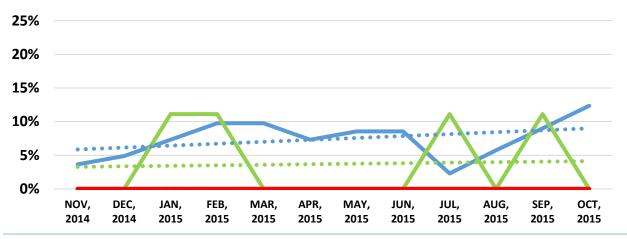
	EA Vacancy %* (No	ov, 2014 – Oct, 2015)	
Location	Position	Average Monthly Vacancy %*	Trend
Fremont (CSC)	Trainee / Worker	11%	Increasing
	Lead Worker	2%	Decreasing
	Supervisor	2%	Decreasing
Scottsbluff (CSC)	Trainee / Worker	7%	Increasing
	Lead Worker	4%	Increasing
	Supervisor	0%	Steady
	Trainee / Worker	3%	Increasing
Field Offices	Lead Worker	1%	Increasing
	Supervisor	3%	Steady
	MLTC Vacancy %* (I	Nov, 2014 – Oct, 2015)	
Location	Position	Average Monthly Vacancy %*	Trend
	Trainee / Worker	7%	Increasing
Lexington (CSC)	Lead Worker	2%	Decreasing
	Supervisor	0%	Steady
Lincoln (CSC)	Trainee / Worker	6%	Steady
	Lead Worker	3%	Decreasing
	Supervisor	3%	Increasing
Local Offices	Trainee / Worker	1%	Steady
	Lead Worker	1%	Steady

<sup>\*</sup> Vacancy % = (Vacancies) / (Vacancies + Filled Positions)

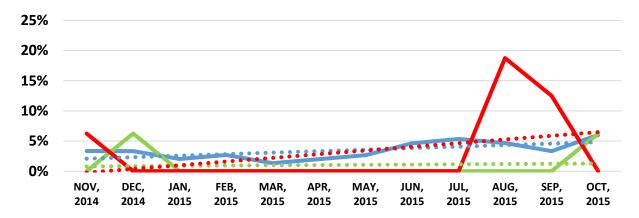
## **Economic Assistance (CFS) Vacancy %\***



#### **Scottsbluff Customer Service Center - VACANCY %**



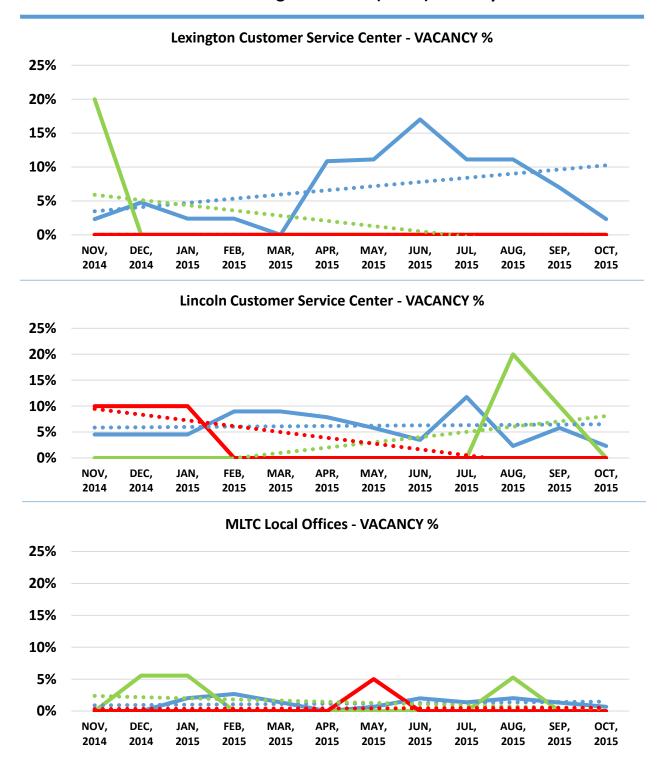
#### **EA Field Offices - VACANCY %**



<sup>\*</sup> Vacancy % = (Vacancies) / (Vacancies + Filled Positions)



## Medicaid and Long-Term Care (MLTC) Vacancy %\*



<sup>\*</sup> Vacancies % = (Vacancies) / (Vacancies + Filled Positions)



#### Summary of analysis:

Early analysis of this data shows no consistent, predictable trends around vacancies. The highest vacancy rates are within the Social Service Worker/Trainee classification, which is expected as the entry level position in the series. Increases in the Fremont and Scottsbluff Customer Service centers can be attributed to additions of 13 Social Service Worker positions over the summer. Data shows an increase in the Lexington Customer service center, although as the smallest of the four centers with 44 Social Service Workers, the impact of vacancies is amplified.

While trend analysis shows only a moderate increase in overall vacancies, analysis of month to month data shows periodic occurrences of high vacancy rates in all centers. These periods have a significant operational impact, both during the time of vacancy, and in the overall makeup of the ACCESSNebraska workforce, which shows a relatively high percentage of newer, unseasoned workers.

Relatively stable vacancies in the local offices in both MLTC and CFS result from a longer tenured workforce, and are expected to increase as those workers reach retirement age.

#### Strategy:

DHHS will focus on plans to bring overall stability to the workforce to reduce period of high rates of vacancy, as well as overall succession planning in anticipation of expected retirements in our local office staff in the coming years.

#### (B) Need for recruitment and retention of new employees by geographic area and types of positions:

The Department of Health and Human Services has defined attrition as separations from State Government, plus internal transfers out of the work area. Therefore, promotions or demotions within the work area are not considered attrition for these purposes. DHHS does not have access to data on employees who leave DHHS for work in other state agencies, but a review of other sources indicates it is a negligibly small number of employees and does not significantly impact overall data quality.

Economic Assistance Attrition %* (Nov, 2014 – Oct, 2015)			
Location	Position	Average Monthly Attrition %*	Trend
Fremont (CSC)	Trainee / Worker	4%	Increasing
	Lead Worker	2%	Decreasing
	Supervisor	2%	Decreasing
Scottsbluff (CSC)	Trainee / Worker	3%	Decreasing
	Lead Worker	3%	Decreasing
	Supervisor	1%	Steady
Field Offices	Trainee / Worker	2%	Decreasing
	Lead Worker	1%	Increasing

## MLTC Attrition %\* (Nov, 2014 – Oct, 2015)

0%

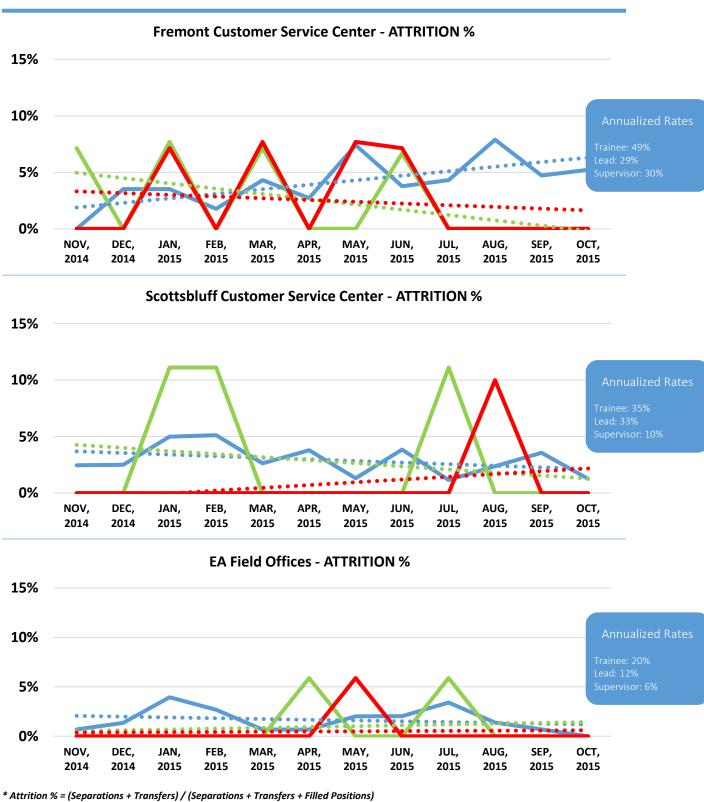
Steady

Supervisor

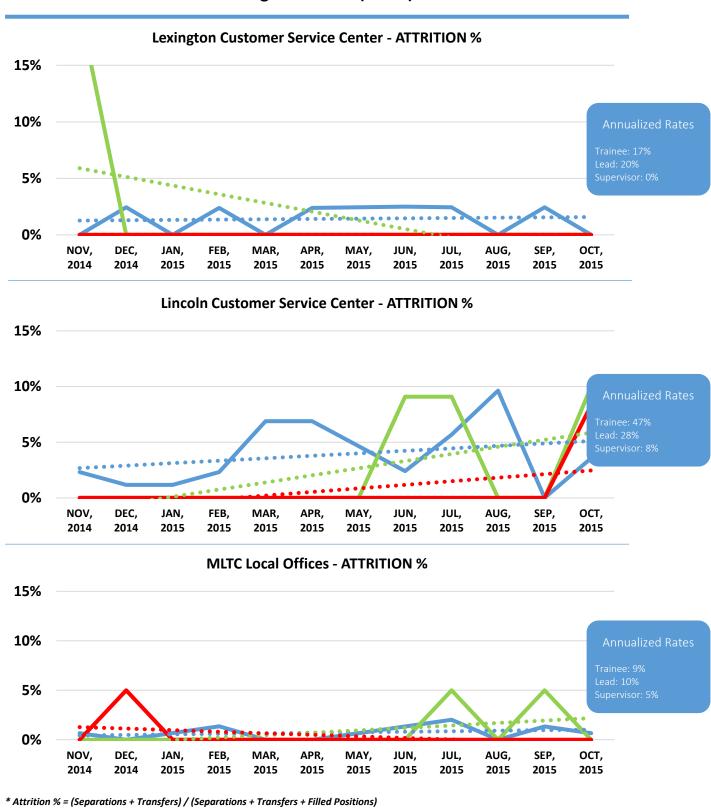
Location	Position	Average Monthly Attrition %*	Trend
Lexington (CSC)	Trainee / Worker	1%	Steady
	Lead Worker	2%	Steady
	Supervisor	0%	Steady
Lincoln (CSC)	Trainee / Worker	4%	Increasing
	Lead Worker	2%	Increasing
	Supervisor	1%	Steady
Local Offices	Trainee / Worker	1%	Increasing
	Lead Worker	1%	Increasing
	Supervisor	0%	Steady

<sup>\*</sup> Attrition % = (Separations + Transfers) / (Separations + Transfers + Filled Positions)

## **Economic Assistance (EA) Attrition %\***



## Medicaid and Long-Term Care (MLTC) Attrition %\*



#### **Summary of Analysis:**

High attrition contributes to overall workforce instability within ACCESSNebraska programs, and is particularly high among staff in Customer Service Centers in Lincoln and Fremont. In addition to a highly competitive local call center labor market in the Lincoln/Omaha metro areas, these centers are additionally vulnerable to internal transfers and promotions within DHHS, and while trained employees are retained overall within the agency, there is an operational impact which cannot be overlooked.

#### Strategy:

DHHS has undertaken a review of current employee satisfaction survey information and exit interview data to identify trends which may impact employee satisfaction, and tenure, and may serve to guide an overall talent management strategy for ACCESSNebraska. Additionally, DHHS is working to implement a pulse survey to periodically measure the working conditions within a particular work unit to identify areas for improvement.

The agency believes that the rate of internal transfers and promotions, especially in Lincoln and Fremont, is an area which could leveraged for better success. This type of internal movement is often related to staff desire to continue personal and professional development, therefore DHHS is looking at ways to establish a broader career development pathway within customer service centers so our most highly skilled employees remain in service to ACCESSNebraska, rather than alternate career pathways within the agency.

## (C) Analysis of the human resources functions provided and needed to adequately train new staff members and move them into full capacity

Currently, a new trainee in ACCESSNebraska requires 6 weeks to complete classroom training in Medicaid and Long Term Care, and 7 weeks in Economic Assistance. It is also recognized that on the job training and experience is critical to full performance, including call production and quality, and most new workers do not reach full proficiency until 12 months on the job. Provided is snapshot (October, 2015) of the makeup of the ACCESSNebraska workforce based on months of experience.

## **EA Percentage of New Workers (Oct, 2015)**

Location	Position	Limited Experience* (Percentage and Fraction)
Fremont (CSC)	Trainee / Worker	33%
	Lead Worker	33%
	Supervisor	31%
Scottsbluff (CSC)	Trainee / Worker	22%
	Lead Worker	0%
	Supervisor	0%
Field Offices	Trainee / Worker	11%
	Lead Worker	13%
	Supervisor	21%

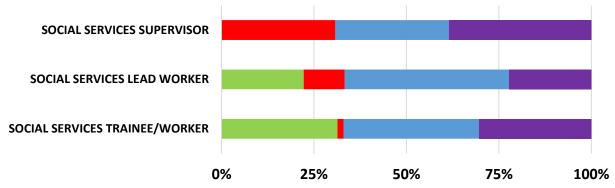
## **MLTC Percentage of New Workers (Oct, 2015)**

Location	Position	Limited Experience* (Percentage and Fraction)
Lexington (CSC)	Trainee / Worker	13%
	Lead Worker	0%
	Supervisor	0%
Lincoln (CSC)	Trainee / Worker	33%
	Lead Worker	31%
	Supervisor	29%
Local Offices	Trainee / Worker	8%
	Lead Worker	21%
	Supervisor	5%

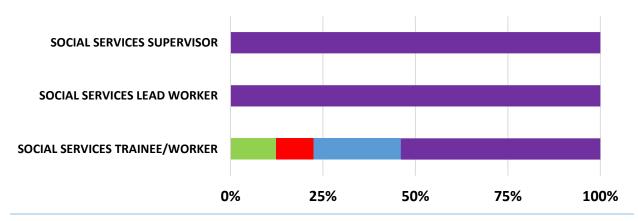
<sup>\*</sup> Less-than 12 months experience

## **Economic Assistance (EA) Experience (Oct, 2015)**

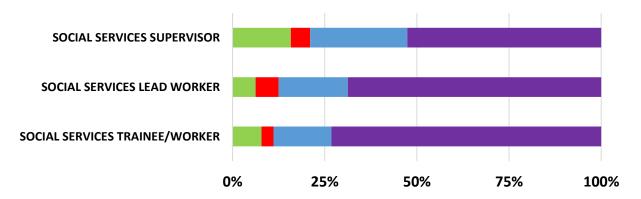




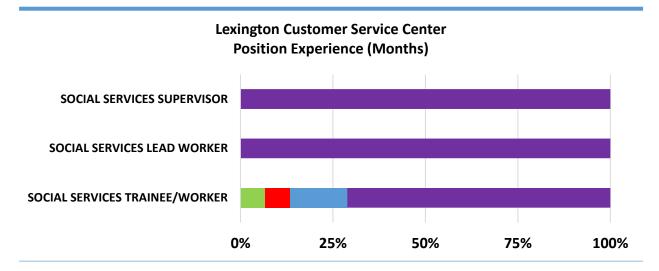
# Scottsbluff Customer Service Center Position Experience (Months)

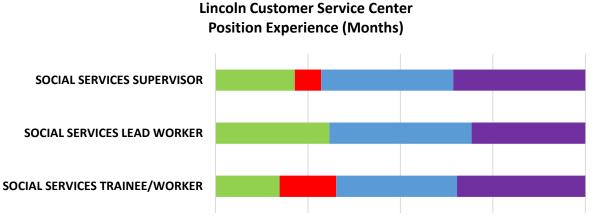


# EA Field Offices Position Experience (Months)

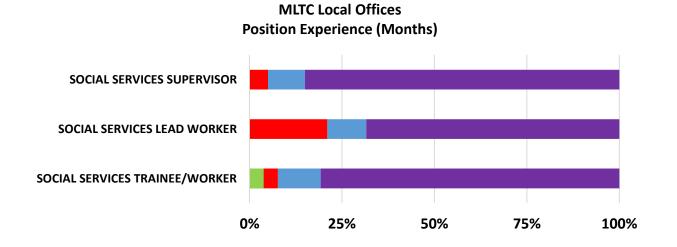


## Medicaid and Long-Term Care (MLTC) Experience (Oct, 2015)





25%



0%

50%

75%

100%

#### Strategy:

This data highlights the need for retention of qualified staff in ACCESSNebraska. Particularly in the Lincoln and Fremont Customer Service Centers, all classifications suffer from a lack of seasoned, veteran staff. Currently, there is a workgroup in place to analyze training needs for new staff and to develop recommendations for innovative ways to provide training and development to new and current staff. Process improvement efforts already underway have identified efficiencies which have reduced unnecessary complexity in the work performed. Additionally, DHHS is researching options for opportunities within differentiation and segregation of duties performed between Customer Service Centers and local offices to determine if there is a way to leverage the higher workfoce stability which exists in local offices.

(D) Analysis of the adequacy of current staffing numbers and patterns based on achieving federal standards related to (i) timeliness of new and renewal applications, (ii) accuracy of benefit amount determinations, and (iii) accuracy of approvals and denials:

#### Analysis:

ACCESSNebraska dashboards show that internal measures indicate federal standards for timeliness, accuracy of benefits determination, and accuracy of approval and denials are being met for both Medicaid and Long Term Care and Economic Assistance. This has been achieved through operational process improvements, the additional 13 staff in the Fremont and Scottsbluff Customer Service Centers, a period of voluntary overtime to address backlogged work tasks, adjustment to leave time protocols to ensure adequate daily staffing, implementation of daily huddle meetings at the leadership level to review key operational metrics, as well as many other strategies. Analysis of recent data indicates that these changes have resulted in significant operational improvements which are reflected in key federal measures. Ongoing continuous process improvement exercises are expected to yield additional capacity with staff, but true workforce capacity and forecasting are areas still being assessed.

#### Strategy:

DHHS is reviewing recruitment, deployment, and development of employees across both MLTC and EA to ensure optimal allocation of human resources. Continuous of review of ACCESSNebraska dashboards in relation to staffing levels, trends, and deployment of resources will provide necessary data for long term workforce planning. Additionally, DHHS has enlisted the work of a Workforce Capacity Planner, whose role within the agency is to use data to provide analysis related to optimal workforce requirements across the division. This individual's primary focus in the immediate term is analyzing ACCESSNebraska data and assisting with improvement efforts within the programs. It is anticipated that in the coming year, DHHS will have much better understanding of the workforce requirements of these complex programs.

It is important to note that during the previous several months of review, analysis, and process improvements, several important customer service metrics have increased dramatically, without sacrificing accuracy of benefit payments made. DHHS continues to maintain strong quality assurance process and practice, and uses QA data in training development to ensure a very high level of benefit accuracy.

(E) Analysis of strategies implemented and strategies needed to adequately staff the Access Nebraska program in order to achieve federal timeliness and accuracy of approvals and denials.

#### Analysis:

ACCESSNebraska is a complex program with serving a variety of clients across several federal programs. Those clients interact with the agency through a variety of means, both in person, telephonically, and through web based technologies. Ensuring quality, timely, efficient and accessible services to clients with a service infrastructure which recognizes the diverse needs of our population is a key consideration as DHHS studies current and future workforce needs. Ongoing process improvement efforts have yielded tremendous progress with current staffing; however, more long term analysis in light of changes in population, demographics, and continuing refinement of internal process and policy is needed.

#### Strategy:

DHHS has recently hired an individual to perform intensive workforce capacity planning and forecasting to assist in analyzing staffing and work volumes to establish forecasted staffing models going forward. It is important to note that during the previous several months of review, analysis, and process improvements, several important customer service metrics have increased dramatically, without sacrificing accuracy of benefit payments made. DHHS continues to maintain strong quality assurance process and practice, and uses QA data in training development to ensure a very high level of benefit accuracy.