STATE OF CALIFORNIA—HEALTH AND WELFARE AGENCY

DEPARTMENT OF SOCIAL SERVICES
744 P Street, Sacramento, CA 95814

September 21, 1988

ALL - COUNTY INFORMATION NOTICE I- 92-88

TO: ALL COUNTY WELFARE DIRECTORS

SUBJECT: County Corrective Action Planning Handbook for AFDC and Food Stamps

Attached is the final version of the AFDC and Food Stamp County Corrective Action Handbook. This document is intended to be a guide for Counties to use when preparing Corrective Action Plans. A draft of this handbook was sent for your review and comment in September 1987. Although we received no comments from Counties on the draft handbook, we revised the handbook for greater clarity.

The Corrective Action Implementation Plan and Evaluation Design section was rewritten, and is now in two different sections. While both sections interrelate, we wanted to introduce a more usable format for identifying tasks, responsible parties, and target dates that need to be identified prior to implementing the corrective action activities. The evaluation design section is separate to emphasize the need to plan for evaluation prior to actually implementing the corrective action. For ease of implementation and evaluation, we believe it is best to plan for these two activities at the same time.

Other than minor editing changes and separating the implementation plan and evaluation design section, the handbook is similar to the draft copy. If you have any questions on the handbook or the corrective action process, please contact your Corrective Action Consultant at (916) 445-4458.

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Deputy Director

Attachment

AFDC AND FOOD STAMP COUNTY CORRECTIVE ACTION

HANDBOOK

CORRECTIVE ACTION BUREAU
DEPARTMENT OF SOCIAL SERVICES
HEALTH AND WELFARE AGENCY
STATE OF CALIFORNIA

September 1988

AFDC AND FOOD STAMP
COUNTY CORRECTIVE ACTION
HANDBOOK

Corrective Action Bureau
Department of Social Services
Health and Welfare Agency
State of California

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INTRODUCTION

This handbook provides instructions and guidelines for completing the county Aid to Families with Dependent Children (AFDC) and Food Stamp Corrective Action Plan due each January 15 and the semiannual progress report due each July 1. More significantly, the handbook is intended as a tool which will help county managers implement a rigorous, disciplined, and effective process of ongoing problem identification and error prevention. The process which forms the conceptual basis for the handbook moves from measurement of errors to selection of problem areas; analysis of the problems; determination of causes, development and selection of corrective action options; corrective action implementation planning, monitoring, and, finally, evaluation. These steps form a logical chain. Each step depends on the step preceding it; the value of the entire process is limited by the weakest link.

The handbook contains a section on each step of the process. Within each step are four subsections: a brief set of instructions; a discussion of concepts and methods; a checklist to help guide your thinking and ensure completeness (the checklist is not to be completed and sent to the State Department of Social Services (SDSS); and a hypothetical example of a completed report section. The examples have been selected based upon their relevance to both the AFDC and Food Stamp programs. This does not mean that an error impacting both programs should automatically take precedence over a program specific error when considering which options should be acted upon. Remember that the process described in this handbook can also be used in working with program specific problems.

Initial comments by county staff on the drafts of this handbook have indicated a need to emphasize several points and clarify others. What follows below are several general considerations which should be kept in mind when reading and using the handbook.

Flexibility

We intend for the corrective action process and the reporting of that process to be flexible. Do not be misled by the example. The example provided is illustrative, not definitive. For example, the handbook asks that each corrective action be linked to an analysis of a particular error element (such as earned income, Social Security Number (SSN)). However, a county may find that several error elements have a common cause and, therefore, one corrective action should prevent several types of errors. If so, simply combine the error elements in the "Error Cause" section and submit one corrective action for all. Use the same approach when dealing with error elements and corrective actions common to both the AFDC and Food Stamp programs. Conversely, if an error element is caused by two distinct failures, each requiring a separate corrective action, split that element into plans for two distinct corrective actions beginning at the "Error Cause" section. Other variations will no doubt come to mind. When they do, contact the Corrective Action Bureau (CAB) and together we will create a suitable variation.

Content of the Annual Plan

The annual plan, due each January 15, is to address each section of the handbook, and is to include AFDC and Food Stamp corrective actions. If you determine that additional corrective action is unnecessary (because the error rate is very low, an appropriate corrective action is already in place, etc.), address each section up to the point where you made your determination and then provide a brief explanation of your decision. If you find that by the due date for submitting the plan you have not completed all of the steps in the process for an error element or problem you are addressing, tell us where you are in the process and submit the plan. You may update us on the completion of the steps via a supplement or in you next progress report. At a minimum, the annual plan is to include section I.A. and provide the updates required in section II.

Content of the Progress Report

The progress report, due each July 1, is to include each of the following four sections:

I.A.1. Error Magnitude

I.A.2. Error Elements

II. Status and Evaluation of Previously Reported Corrective Actions

If new error trends have emerged since the annual plan or there are areas on which the county intends to focus corrective action, then use the appropriate problem solving sections of this handbook and include the information in the progress report. (A brief statement describing how a corrective action will be implemented and evaluated should be included if a new corrective action is introduced.) Other handbook sections should be covered as necessary to bring us up to date on any activities you have been unable to complete as of the last annual plan.

Data Sources

While your main sources of information will be your own Quality Control (QC) and Quality Assurance (QA) reviews, remember that other sources are also available for your use. These sources include State and Federal QC; Integrated Review and Improvement Studies (IRIS) reviews (Error Reduction Section), internal projects and investigations; supervisory and other reviews; and Corrective Action Committee and Subcommittee projects and minutes. The advantage of using as many of these and other sources as possible is that they will give you a clearer picture of what is happening within your county. This knowledge will help you in beginning the corrective action problem solving process.

Length of Annual Plan and Progress Report

Neither the annual plan nor the semiannual progress report is intended to be an exercise in unnecessary documentation. There is, however, no simple guideline to how long either should be. The plan and progress report should be long enough to communicate the essential information; they ought to be thorough without being tedious. A county with no QC errors might simply report those findings and that no new actions were planned. A large county with several significant error elements, each involving breakdowns in complex procedures and/or systems in various districts, would need to go to some length to report their findings and their plans. The important point is to use the problem solving and corrective action processes to meet your county's needs. Remember that the quality of a plan is not measured by its weight.

Small Counties

Small counties without QC samples will need to base their plans on whatever case review data they collect. The plans of small counties will typically be briefer and rely less on statistical techniques. However, the same process of measuring case management performance and responding to the results of that measurement should occur and should be reported.

Please consult the Small County Handbook for further problem solving and planning assistance.

Counties with Low Error Rates

Several counties have raised the issue of whether counties below a given error rate should be required to submit a report. All counties are required to submit a corrective action plan. However, the plans of counties with very low error rates will be shorter because of the very nature of the process. We already cited the example of the county which would simply report finding no QC errors. A county with, say, a one percent dollar error rate spread over four error elements could report the QC findings and that no single error element was large enough to warrant a corrective action effort. A county might also have only one element requiring analysis and corrective action implementation. The point is that while every county must submit a plan, counties with very low error rates will have plans which are very brief and require a minimum of time to prepare.

Timing

Error prevention is an ongoing process, not one which occurs at six-month intervals. The corrective action plan and the six-month progress report are not intended to interfere with effective error prevention efforts which may be monthly or quarterly in nature. Again, the reporting format is flexible enough to allow for reporting of activities regardless of when they occur.

Finally, do not hesitate to call the Corrective Action Bureau (CAB) at (916) 445-4458 with questions or suggestions for tailoring your corrective action plan to your county's needs. Also, remember that CAB staff is available to assist you with technical consultation on any part of the process.

I.A. Error Magnitude and Type

1. Error Magnitude

Instructions - The information required differs for counties with QC samples and those small counties without QC.

QC Counties - Array the appropriate six months' QC data in the following format:
QC Period:_____

a. AFDC

1) Combined ineligibility and overpayment error rates:
Dollar errors with technical errors removed: _____%

All data elements below must include technical errors.

Dollar errors: _____%
Agency caused: _____%
Client caused: _____%

Case errors: _____%
Agency caused: _____%
Client caused: _____%

2) Overpayments

Dollar error rate: _____%
Agency caused: _____%
Client caused: _____%

Case error rate: _____%
Agency caused: _____%
Client caused: _____%

3) Ineligibility

Dollar error rate: _____%
Agency caused: _____%
Client caused: _____%

Case error rate: _____%
Agency caused: _____%
Client caused: _____%

4) Underpayments

Dollar error rate: _____%
Agency caused: _____%

Client caused: _____%

Case error rate: _____%
Agency caused: _____%

Client caused: _____%

5) QC Sample

Cases drawn: _____

Cases reviewed: _____ Total dollars: _____

Average monthly caseload: _____

Percent of caseload in QC sample: _____%

b. Food Stamps

1) Combined ineligibility and overissuance error rates:

Dollar errors: _____%
Agency caused: _____%

Client caused: _____%

Case errors: _____%
Agency caused; _____%

Client caused: _____%

2) Overissuances:

Dollar error rate: _____%
Agency caused: _____%

Client caused: _____%

Case error rate: _____%
Agency caused: _____%

Client caused: _____%

3) Ineligibility

Dollar error rate: _____%
Agency caused: _____%

Client caused: _____%

Case error rate: _____%
Agency caused: _____%

Client caused: _____%

4) Underissuances

Dollar error rate: _____%
Agency caused: _____%

Client caused: _____%

Case error rate: _____%
Agency caused: _____%

Client caused: _____%

5) QC Sample

Cases drawn: _____

Cases reviewed: _____ Total dollars: _____

Average monthly caseload: _____

Percent of caseload in QC sample: _____%

Non-QC Counties - Array information on your county's errors as gathered by special studies, QA reviews, supervisory reviews, etc. Indicate both the data and their source (such as a dollar error rate of 3.2% based on supervisory reviews of 80 cases in the review period).

Discussion - The format for display of findings in the QC counties is a rearrangement of the data elements counties have been using for several years. The sections of the plan which follow "Magnitude" will call for further analysis of these findings. If your county has additional information (QA, IRIS, supervisory reviews, special studies, etc.), please include that information separately and compare it with the QC findings. Do not combine QC data and other case review findings. Also, compare the magnitude of errors and source (agency v. client) with previous findings.

Checklist

- Did you cite changes in error magnitude?
- Has the distribution of client and agency errors changed?
- Have you included available information from sources other than QC?

Example

QC Period: April - September 1987

a. AFDC

1) Combined ineligibility and overpayment error rates:

Dollar errors with technical errors removed: (AFDC only) 3.9 %
All data elements below must include technical errors.

Dollar errors: 6.3 %
- Agency caused: 3.8 %
- Client caused: 2.5 %

Case errors: 7.0 %
- Agency caused: 4.1 %
- Client caused: 2.9 %

2) Overpayments

Dollar error rate: 2.7 %
- Agency caused: 1.6 %
- Client caused: 1.1 %

Case error rate: 3.6 %
- Agency caused: 2.2 %
- Client caused: 1.4 %

3) Ineligibility

Dollar error rate: 3.6 %
- Agency caused: 2.2 %
- Client caused: 1.4 %

Case error rate: 3.4 %
- Agency caused: 1.9 %
- Client caused: 1.5 %

4) Underpayments

Dollar error rate: 2.4 %

Agency caused: 1.9 %

Client caused: 0.5 %

Case error rate: 3.4 %

Agency caused: 2.1 %

Client caused: 1.3 %

5) QC Sample

Cases drawn: 183

Cases reviewed: 139 Total dollars: $64,399

Average monthly caseload: 6,483

Percent of caseload in reviewed QC sample: 2.1 %

b. Food Stamps

1) Combined ineligibility and overissuance error rates:

Dollar errors: 4.2 %

Agency caused: 3.6 %

Client caused: 0.6 %

Case errors: 9.6 %

Agency caused: 7.2 %

Client caused: 2.4 %

2) Overissuances

Dollar error rate: 3.3 %

Agency caused: 2.9 %

Client caused: 0.4 %

Case error rate: 7.2 %

Agency caused: 6.0 %

Client caused: 1.2 %

3) Ineligibility

Dollar error rate: 0.9 %

Agency caused: 0.7 %

Client caused: 0.2 %

Case error rate: 2.4 %

Agency caused: 1.2 %

Client caused: 1.2 %

4) Underissuances

Dollar error rate: 4.3 %

Agency caused: 3.2 %

Client caused: 1.1 %

Case error rate: 10.2 %

Agency caused: 6.6 %

Client caused: 3.6 %

5) QC Sample

Cases drawn: 100

Cases reviewed: 83 Total dollars: $8,121

Average monthly caseload: 14,861

Percent of caseload in reviewed QC sample: 0.6 %

I.A2. Error Elements

Instructions - Using the error elements form QC, list the error elements of the six-month period in declining order of dollar impact. For non-QC counties who cannot generate these data, list the major error types in declining order using whatever data are available. QC counties should array the data as follows:

	Error Element	Dollar Error Rate	Case Error Rate	Dollars in Error	Cases in Error
1.	_____	_____	_____	_____	_____
2.	_____	_____	_____	_____	_____

ETC.

Again, if your county has additional information from other sources, please include it. You may wish to break out agency vs. client errors for each element.

Discussion - The identification of the error elements making the greatest contribution to your county's error rate is an essential step in selecting where to focus your corrective action efforts. Because the limited size of the QC sample makes ranking of individual error elements less precise than the measurement of overall error rates, it is important to include and consider whatever additional information your county may have. For example, if your county does extensive quality assurance desk reviews, compare the QA findings with the QC findings on error elements. If the findings are close, you can have confidence that the findings in both are valid. Also, compare your own county's ranking of error elements with the latest statewide findings. If your county is far from the state's pattern, you will want to explore the reasons for these differences. Finally, be certain to compare this review period to previous QC findings for your county. Are there trends? Are new problems emerging?

Checklist

- Are the data on error elements sufficiently extensive and consistent to know with confidence which are the major problems?

- Have you reviewed all available information including QC, IRIS reviews, special studies, supervisor reviews, QA, statewide findings, etc.?

- Have you checked historical data to see what trends exist?

EXAMPLE

TABLE I. AFDC ERROR DATA

Error Element	Dollar Error Rate	Case Error Rate	Dollars in Error	Cases in Error
1. Unemployed Parent	1.3%	2.1%	$ 871	3
2. Living Arrange/ Household Comp	1.2%	1.4%	799	2
3. Wages and Salaries	0.9%	0.7%	601	1
4. Monthly Reporting	0.8%	1.4%	568	2
5. Contributions/ Income-In-Kind	0.1%	1.4%	64	2
6. Unemployment Compensation	0.5%	0.7%	60	1
TOTALS	4.8%	7.7%	$2,963	11

TABLE II. FOOD STAMP ERROR DATA

Error Element	Dollar Error Rate	Case Error Rate	Dollars in Error	Cases in Error
1. Wages and Salaries	2.3%	3.9%	$195	4
2. Household Size/ Composition	1.2%	2.0%	102	2
3. Computation of Income	0.8%	2.9%	64	3
4. Other Unearned Income	0.3%	1.0%	25	1
5. Shelter Deductions	0.2%	2.0%	16	2
6. Unemployment Compensation	0.2%	1.0%	14	1
TOTALS	5.0%	12.8%	$416	13

The high error elements listed for both programs are consistent with other recent data. Earlier data showed some shifting in the placement of these error elements in both programs, but we were unable to detect any obvious trends from this information.

I.B. Error Elements Selected for Corrective Action Planning

Instructions - List by order of importance the error element or elements you have selected for corrective action. If you are using one corrective action to deal with more than one element, identify that action by briefly stating the problem involving all these elements. For example, 88-1: CA 7 Processing (earned/unearned income; wages and salaries; unemployment compensation; computation of income eligibility, etc.). (Note that the elements which are addressed are error problems in both AFDC and Food Stamps.) If your county has a variation of this system, feel free to use it. Since Food Stamp corrective actions will now be numbered annually rather than consecutively, you may need to slightly modify your system so that it shows which program(s) your items address. In the example beginning on page nineteen, for instance, those actions aimed specifically at AFDC are labeled with the letter A; those for Food Stamps only with the letter F; and those for both programs labeled by number only.

Discussion - Not all error categories warrant corrective action planning. If an error elements does not represent a significant portion of the dollar error rate or has occurred in only one case, it may well not be worth devoting resources to it. The key decision which needs to be made at this point is where to draw the line between those problem-solving efforts which your agency can tackle effectively and those which it cannot.

While the problems which need attention may seem obvious, the choice is a matter of balancing a number of objectives and constraints. Scarce resources need to be allocated strategically, targeted toward areas which will give the greatest error reduction in the least amount of time. To do this effectively will require an analysis of the capabilities of your department and the relative difficulty in solving the error.

Checklist

- Is the problem serious enough to warrant use of resources to solving it?
- Did you consider whether this error was only an isolated situation during the review period?
- Has this error element been a significant problem in the past?
- Is there already a corrective action effort in place for this error element?
- Does the County Welfare Department (CWD) have the resources to analyze and correct the deficiency?
- Is the error element likely to be lowered quickly by any probable corrective action?
- Is the error readily controllable by the welfare department?
- Is the error element linked to other errors of significant magnitude?
- Have you considered impressions of line staff in addition to statistical data?

Example

Error Elements/Trends Selected for Corrective Action

88-1 CA 7 Processing and Review system

88-2 Wages and Salaries

88-3 Living Arrangement/Household Composition

A88-1 Unemployment Compensation

F88-1 Computation of Income Eligibility

QA, QC, and IRIS reviews have provided the Corrective Action Committee with new information which it has used in evaluating error trends. Based upon this information, we have decided to concentrate our corrective action efforts on CA 7 processing and review. This method will be used because it will most effectively deal with the common factor of inappropriate or lack of response to reported income changes. We believe that this wider approach will allow us to bring about more uniformity in processing and reviewing reported changes; correct many errors simultaneously; make the most efficient use of staff time and personnel; and avoid a diffusion of effort which could result from being involved in a series of smaller corrective actions.

I.C. Error Description

Instructions - At this point, the corrective action plan divides itself so that you can deal with those error elements you selected for attention in Section I.B. You may either address each error element specifically or, if appropriate, combine elements as is done with the example in this handbook.

This section will contain the results of your initial analysis. The purpose is to describe the nature of the problem in sufficient detail to lead to determination of the precise cause of the error. (See Section I.D.) At a minimum, you should include information which shows what is distinctive about the error cases and where they occur within the county's case processing system. Be sure to complete the "Error Element" and "Corrective Action ID Number" at the upper left hand corner.

Discussion - If is important to avoid the temptation to leap directly from choosing an error element for corrective action to implementing an "obvious" corrective action. This is especially true for problem areas such as CA 7 processing which involve a number of steps and which have proved difficult to correct over the years. Implementing the wrong corrective actions which do not address the actual causes of the problem is wasteful, demoralizing, and may even increase errors.

Perhaps the best place to begin is by documenting the process which is causing the problems. You may use step-by-step narrative or a flowchart to do this.

As you document the process, think about what could go wrong at each step and note it. This will provide a set of hunches for pursuing later on and will identify steps that are prone to error.

Now, using the process documentation along with the error data from QC and other case reviews (see I.A.), it is possible to place the errors in the process. You should now know what went wrong and where in the process it went wrong. If your errors cannot be placed in the process, then there is something omitted from your flow documentation or it is not broken down into sufficient detail.

Finally, you should find it useful to break out what is distinctive about the errors by making use of the information you have gathered above. One good way to do this is to develop an "Is/Is not" list (see example below). This is a way of zeroing in on what is unique to the problem. This list of distinctions will be important for developing and testing ideas about the causes of errors and their solution.

Whether you use the specific analytical techniques suggested above or others, in this section of the corrective action plan you should demonstrate a thorough grasp of the nature of the errors. Ideally, at the end of this step you should have identified and documented every significant fact about the errors in question.

Checklist

- Have you documented the steps that your agency takes in dealing with the case situations you are examining?
- Do you know which step caused the most errors either by omission or by being done incorrectly?
- Is the error in intake or continuing?
- Does the problem occur more often in one district office or in certain units?
- Do the errors occur at regular intervals (end of the month, at tax return time, after EDP cut-off, etc.)?
- Is another agency involved (EDD, SDSS, county EDP, etc.)?
- Do you know who is responsible for the errors?

Process Description

1. Clerical mails CA 7s to recipients.
2. Recipients mail directly to eligibility workers.
3. Eligibility workers process, make appropriate changes, take appropriate actions.
4. Supervisors use their own systems to check for errors and appropriate actions.

Example

The latest QA and QC data, plus a recently-completed IRIS review, all indicate a sharp increase in the amount of errors related to the way in which information reported on the CA 7 is dealt with by the EWs each month. An analysis of the previous data shows that there has been a gradual increase in this type of error in each of the last two reporting periods. The data also show that this problem is not restricted to any county office in particular, and is occurring in the AFDC and Food Stamp programs.

As part of its preliminary research, the Corrective Action Committee has decided to use the "is-is not" method for gaining a clearer idea of the nature and scope of the problem.

THE PROBLEM

Is in all county offices	Is not in some county offices
Is occurring in both programs	Is not occurring in only one program
Is occurring each month	Is not occurring just during some months and not others
Is happening with most EWs	Is not happening with new EWs only
Is agency caused	Is not client caused
Is in continuing units only	Is not in intake units
Is that case changes are often not made when information is reported on the CA 7	Is not failure to receive the information on the CA 7
Is lack of follow through on written procedures	Is not lack of knowledge of written procedures
Is lack of doing supervisory reviews	Is not lack of knowledge of supervisory review requirement

I.D. Error Cause

Instructions - In the preceding section you were asked to specify the nature of the errors. In this section you build on that analysis and determine the most likely cause of the errors. Your determination of cause will be the foundation for choosing the corrective action.

Discussion - "Jumping to cause" is probably the most common and the most wasteful analytical error made in organizations. Jumping to cause occurs when, confronted with a problem, we decide immediately that "X" is the culprit which leads to certain corrective actions rather than working methodically to be sure that "X" rather than "Y" is the problem and being certain we are taking the right type of corrective action. One of the chief purposes of this corrective action planning process is to prevent that from happening.

The analysis you have completed in the previous section should make your search for the cause efficient and accurate. However, a description of the problem is not the same as determining the cause. In the example we are using, we now know that the problem is county wide; is not a matter of lack of training; is not limited to occurring in just some months, etc. While this information puts us on the track to finding the error source, it is not sufficient.

It is important to think of "error cause" in a special way. The "cause" you are seeking is a specific activity committed or omitted by the welfare department. The precise act you are seeking is an act which the county should have done (or should not have done) and which would have prevented the error. Thinking of cause in this way will help guide you to identifying effective corrective actions. For example, in a case with a missing SSN, it is more useful to think of "cause" as the CWD failing failing to follow up than to think of "cause" as the client's failure to report receipt of that number. The former "cause" is controllable by the CWD and points toward correcting the problem; the latter "cause" does not. The key question here is, "What could we have done differently?" When you find the one thing you could have done differently which would have prevented most of the errors you are studying, you have found the "cause" upon which you can build corrective action.

What needs to be done now is to pursue cause by exploring the distinctions between cases with the problems and those without it. In our example, we now know the CA 7 processing problems are occurring in all offices, with all EWs with the exception of those in intake units, and occur even though written processing and review procedures exist.

The particular methods used to analyze cause will need to be tailored for each error element. However, you will usually want to interview those persons closest to the error (typically the EW and EW supervisor) and review the case records.

Once you have determined what you believe the error cause is, turn once again to the analysis you did in I.C. Test your cause in an aggressive, critical way against your description of the error problem. Does the cause explain, for example, why the problem exists in all county offices? Does it explain why the errors occur each month rather than only once in a while? You may need more information. If so, gather it. Be certain that you have identified the true error source before you select and implement a solution.

Finally, look at other error elements to check whether the cause of the error you are studying may also be causing errors elsewhere. You may have found a fundamental deficiency which affects various error elements.

Checklist

- Does your cause meet the criterion of being a CWD action which would have prevented the error?

- Have you tested the possible causes against the facts from I.C. to see which cause best explains the facts?

- Did you stop to consider several possible causes rather than jumping to an unexamined conclusion?

- Did you gather enough information to be able to verify the cause?

- Did you test your analysis with those close to the case errors?

- Have you attempted to "attack" your analysis to see whether it can withstand a rigorous critique?

- Are you sure enough about the cause that you can proceed to expend scarce resources to eliminate it?

- Is this cause possibly creating other types of errors as well?

Example

Error Element/Trend: CA 7 Processing
Corrective Action ID Number: 88-1

As part of our initial analysis, the Corrective Action Committee asked members to gather information as to how CA 7s were processed in each office. The data which were presented revealed that there was no standard system for processing the CA 7s, and the supervisory review system already in place was so informal that each office had established its own practices and procedures.

The EWs contacted by the Committee members indicated that they frequently did not notice CA 7 changes because they did not check the previous month's report as they reviewed the current month's CA 7. They also felt that they did not have enough time to do the proper follow-up required for each case because of the size of their caseloads. Mistakes also occurred because of the constant pressure to handle each case as expeditiously as possible. They were also resentful about the lack of a uniform supervisory review system and the confusion which results whenever a case is transferred from one office to another.

EW supervisors felt that the combination of time constraints, the informality of the current system, and the low priority placed upon review by Department administration kept them from doing sufficient case reviews.

The information presented by EWs and supervisors is consistent with the distinctions about the errors. It explains why both groups are not recognizing and reacting to reported changes, why errors occur in both AFDC and Food Stamp programs, and why they occur in every county office. The primary cause which we can control seems to be EWs not adequately reviewing CA 7s and supervisors not doing sufficient case reviews to catch changes on which action was not taken.

I.E. Corrective Action Alternatives Considered

Instructions - Complete the blanks for error element and corrective action identification number before proceeding. List and describe each alternative solution which you will give serious consideration.

Discussion - Even though the solution to the problem may seem obvious once the error cause has been identified, resist the temptation to implement the "obvious" solution before considering alternatives. Even if the solution you first thought of is eventually selected, you will have more reason to have confidence that it is the best alternative. Below is one approach for developing alternatives and criteria for choosing among them.

Begin by stating the goal of the corrective action as precisely as possible. While this may also seem obvious, disagreements in groups are often linked to lack of clarity regarding goals. A statement of the goal is an important way of focusing attention and will help evaluate alternatives. In the example we are following, the goal could be stated as "Reduce by 50 percent the number of agency errors caused by EWs not recognizing reported changes and by supervisors' lack of reviewing cases for possible errors."

Once you have agreed upon a statement of the goal, develop a list of criteria you will use to compare alternatives. The checklist section below lists a set of criteria which are applicable to most corrective action efforts. You may want to share your goal and criteria with key managers and get their approval.

You can now use your overall corrective action goal and your criteria to help develop alternatives. You will probably want to ask others working on the problem to suggest alternatives using your analysis of cause, goal, and criteria. Another useful technique is group brainstorming. Group brainstorming after individual development of potential solutions can capture the results of careful reflection as well as group cross fertilization. Finally, you may want to contact the CAB to see if it has information on solutions other counties have attempted for the same problem.

Checklist

- Have the people who have been involved in causing the problem and/or studying it been consulted regarding possible options for solving it?

- Did you check with the Corrective Action Bureau for ideas from other counties?

- Potential criteria for evaluating options:

  1. Does not distrupt other ongoing operations.

  2. Will eliminate all errors of this type.

  3. Is cost effective.

  4. Can be implemented easily.

  5. Can be implemented quickly.

  6. Will yield results immediately.

  7. Is compatible with other operations (EDP, other programs, etc.)

  8. Will not disadvantage recipients.

- Have you considered previous corrective actions in this problem area in your county?

Example

Goal: Reduce by 50 percent the number of agency errors caused by EWs not recognizing reported changes and by supervisors' lack of reviewing cases for possible errors.

Criteria

1. Ensure EWs recognize changes.

2. Ensure case actions taken promptly.

3. Allow supervisors to review and return CA 7s for correction in a timely manner.

4. Cost as little as possible.

5. Implemented within three months of decision.

6. Not add to EW workload.

7. No detrimental effects on other case processing.

Alternatives

1. Training on CA 7 processing, no change in review procedures.

2. Training on caseload management.

3. Central processing of CA 7s with redistribution to district offices.

4. Develop formal supervisory review procedures.

5. Unit clerks circle changes; note that action needed on case control list; provide case control list to supervisors; route CA 7s to EWs; targeted review of all cases for three months followed by random sample reviews.

6. Automated tickler system listing prior month's income.

I.F. Corrective Action Alternative(s) Selected

Instructions - In this section you need to indicate which of the alternative corrective actions you chose, the basis for your decision, and describe the selected option in more detail than in I.E. Remember to indicate the identification number and error element at the top of the page.

Discussion - You now have a solid basis for choosing a corrective action strategy for preventing a specific category of errors. You have a set of alternatives and a set of criteria against which to measure the alternatives.

There are a number of ways to compare the alternatives. The most common method is to list the pros and cons of each, as is done in the example on page 24. Another approach which is often successful is to use a matrix. If neither one of these techniques seems to point the way towards a solution, contact your corrective action consultant for assistance.

Describe your selected alternative in more detail. Do not, however, describe the plans for implementation in this section. Implementation is the topic for the subsequent section.

Finally, it is worth taking some time to consider the potential problems with our selection. Are other potential problems which are both serious and highly likely to occur? If so, you will want to consider how to minimize those problems and you may even want to reconsider your choice.

Checklist

- Did you consider and evaluate all the alternatives?
- Is the solution consistent with program regulations?
- Is the solution politically acceptable in your environment?
- Will the chosen solution solve the problem?
- Does your agency have the resources to implement your chosen alternative?
- Is your selected option cost effective?
- Have you considered the impact the proposed solution will have on those not directly involved?

Example

Error Element/Trend: CA 7 Processing
Corrective Action ID Number: 88-1

Selection of Corrective Action Alternative(s)

1. and 2. Training on CA 7 Processing and Caseload Management: Can be implemented quickly with little cost, but does not do very much to ensure that EWs will recognize and act upon reported changes after training.

3. Central Processing and Redistribution: Should increase EW recognition and action, but could be disruptive (if EW IIIs are pulled to from this unit) and could mean more hiring. Also, redistribution means EW would receive cases later in the month.

4. Formal supervisory review procedures: Meet all criteria; does not in and of itself provide total solution; and would not make EW more aware of changes at first reading of CA 7, but might result in more careful initial reviews since worker would know that more of their work with reported changes would be reviewed.

5. Unit Clerks and Supervisory Reviews: Would be easier visually both for EW to notice changes and for supervisors to review changes; can be implemented within a short period of time, and meets all other criteria.

6. Automated Tickler System: Can be implemented without much time loss and at low cost; could be detrimental to case processing and increase workload by creating more paperwork for EW to read through and use. No guarantee that EWs would read and use printouts.

Alternatives Selected

The Committee has decided to combine options four and five, thereby impacting both problems of recognition of monthly reporting changes and supervisory review.

After some discussion, the Committee also decided to add and adopt two additional options:

4A. Establish formal written supervisory review procedures (combination of 4 and 5 above);

B. Use the Case Data System (CDS) computer system to monitor supervisory review performance; and

C. Provide encouragement to supervisors by creating a Supervisor of the Month program.

Example

Error Element/Trend: CA 7 Processing
Corrective Action ID Number 88-1

Individual Responsible	Action Required
Unit Clerk or Clerical Pool (depending on the district office)	1) Maintain files by case number of one prior month's CA 7.
	2) Compare current CA 7 using monthly case control lists with prior CA 7 for changes. Red circle changes; indicate on case control list that action needed on case and send new CA 7 to EW. Send annotated case control lists to Unit Supervisors.
Unit Supervisors, Lead EW (EW III) or Unit Clerk (at discretion of district office)	1) At onset of this procedure, Unit Supervisors should meet with their units to explain new procedures, how they are using the case control list and the problem being addressed.
Eligibility Worker	1) For any "change" CA 7s requiring EW action, send appropriate processing documents to Unit Supervisor for review.
Unit Supervisor	1) Review processing documents for "change" CA 7s for timeliness and accuracy and clear control by initialing and dating next to case number.
	2) Remind EWs with outstanding "change" CA 7s that action is needed. Copy of case control list may be used as the reminder.
	3) At month end, send annotated control list to Corrective Action Committee Chairperson so that the effectiveness of this method of having appropriate case actions performed can be assessed. (After testing phase, send to senior supervisor.)

I.G. Corrective Action Implementation Plan

Instructions - The implementation plan should lay out the steps necessary for accomplishing the corrective action. The plan should be detailed enough so that it is a useful tool for managing the implementation. At a minimum, the plan should show major tasks, responsible parties, and target dates. Each corrective action should be numbered separately. The error element or trend relating to the corrective action should also be displayed.

A simple chart with the columns containing the following headings could be devised:

Task

Responsibilities/Assignments

Target Dates

Resources Needed (Optional)

When this chart is completed the involved parties will be able to see at a glance all the tasks that need to be completed and how each person fits into the overall implementation phase of the corrective action.

Once you have laid out your plan, take some time to consider what can go wrong with it. Which potential problems are the most likely to occur? Of these, which will have serious consequences? Can you do anything to prevent these problems? If so, this preventative action should become part of your plan. If you cannot prevent a potential problem, can you do something to make it less serious? For example, the reassignment of duties to a clerk in each office could raise problems with the employee union. Preventative action would include collecting background information on the duties and classification of the clerks performing that task and arranging to meet and confer with the union well in advance of selecting clerks for reassignment.

No implementation plan is complete until you have planned for evaluation of the corrective action. You need to decide well ahead of time how you will evaluate the corrective action and what data you will need. It is important to develop your evaluation and implementation plans concurrently.

Checklist

- Is the proper level of management committed to the proposed solution?
- Are the necessary resources available or obtainable?
  - a. Staff
  - b. Space
  - c. Equipment
  - d. Supplies
  - e. Skills
- Is training needed?
- Has the impact on clerical staff, EWs, and others been considered?
- Has "buy in" been obtained from those involved and responsible for carrying out the proposed solution?
- Does the department have the necessary control and authority to carry out the proposed solution?
- Is accountability clearly placed?
- Is the implementation plan clear?
- Has the implementation plan been communicated to and coordinated with interested and/or involved parties?
  - a. Labor unions
  - b. Recipients
  - c. Staff
  - d. Other agencies
  - e. Anyone else
- Have you identified critical steps in the plan?
- Have you identified potential problems which are both serious and likely to occur?
- Have you identified preventive actions or contingency plans for potential problems?
- Do you have a way of identifying problems as they occur?

Example

Error Element/Trend: CA 7 Processing
Corrective Action ID Number: 88-1

(The following chart is a sample of how scheduling of implementation can be done. In this case, it does not include the time-lines for Options 4. B. and C., use of the CDS system and creation of the Supervisor of the Month Program.)

		Task	Responsibility	Completion Date
I.	a.	Obtain approval of Department Director	Chair, CAC	Jan. 5
	b.	Assign Project Director	Income Maintenance Deputy	Jan. 9
	c.	Meet with all individuals assigned a task	Project Director	Jan. 16
	d.	Meet with CAC and clerks for input on procedure	Project Director	Jan. 20-27
	e.	Design Evaluation (Please refer to section I.H. for more details.)	Implementation Team (CA Sub-Committee)	Jan. 25 - Feb. 6
	f.	Present written procedure to clerks	Clerical Supervisors	Feb. 13
	g.	Discuss procedure with clerks	Clerical Supervisors	Feb. 20
	h.	Implement new procedure	Clerical Staff	March 1
II.	a.	Meet with CAC and EW Supervisors for Input on Supervisory Review Form	Project Director	Feb. 17
	b.	Develop New Review Form	Implementation Team	Feb. 23 - Mar. 6
	c.	Present and Discuss Procedure and Form with EW Supervisors	District Managers	Mar. 16 - 20
	d.	Duplicate Forms	District Managers	Mar. 23 - 25
	e.	Implement Use of Forms	EW Supervisors	Mar. 31

Potential Problems

1. Union objection to change of clerical duties could delay implementation.

Preventive Action: Meet and confer early with union.

2. In light of previous problems involving supervisory review, supervisors could continue to view this as a low priority item in terms of their time.

Preventive Action: 1. Positive Reward: Inform them that case reviews are their top priority as a supervisor and inform them of new Supervisor of the Month program. 2. Negative Reinforcement: Remind them of CDS monitoring and reviews will be considered in evaluating job performance.

I.H. Corrective Action Evaluation Design

Instructions - Evaluation is necessary to determine if the corrective action has been implemented and is achieving its goal. Without specific information one can only guess if the corrective action is solving the problem. The knowledge gained from an evaluation is needed for deciding to keep, change, or stop a corrective action. Also, ensuring that corrective actions are effective improves the workers' desire to continue to perform these activities.

Discussion - The first step, planning the evaluation, is taken before implementing the corrective action. The reason for doing this is to collect pertinent data in the most efficient and effective manner. A brief statement describing how a new or revised corrective action will be evaluated needs to be included in the Correction Action Plan when it is first introduced.

Planning an evaluation means defining the goal of corrective action, determining the information needed to evaluate the effectiveness of the corrective action, and selecting the best way to collect this information.

The goal need only be a simple statement of what this corrective action intends to achieve. The goal should be measurable to determine the degree of the action's success. It should be achievable as nothing is as discouraging as having an unattainable goal. Finally, the goal should be time limited. This sets a specific point for taking stock and making decisions on the merit of continuing the action. An example of a goal statement would be, "The number of agency-caused earned income errors will be reduced by half over the next six-month period."

The information that needs to be collected to fully evaluate a corrective action must be determined in advance of its implementation. In planning how to collect the information, the task is to determine the easiest, least intrusive yet still reliable method to find out if the action is being taken and if it is working. While it is critical to gather sufficient data to evaluate the corrective action, care should be taken not to gather so much information that the data gathering process becomes too time consuming. Results can be tracked as the action is being taken or it can be collected after the fact.

The next step after planning the evaluation is to develop an action plan. This plan describes how the data will be collected and used. Also, it should contain the answers to the following questions.

Checklist

- Who plans how to evaluate the corrective action?
- How will the corrective action be evaluated?
- How will the data be collected?
- Who will collect the data?
- When will the data collection and assessment be done?
- Who will compile the data?
- Who will make the recommendation as to the success of the corrective action and to whom?
- Who decides to keep, change, or stop a corrective action?
- Have you planned your evaluation prior to implementing the corrective action?
- Is the goal of the corrective action measurable, reachable, and time-limited?
- Is the appropriate level of management committed to the proposed evaluation methodology?

After the data is collected and evaluated, the results of the findings and resulting decisions relating to specific corrective actions need to be reported in the Corrective Action Plan.

Example

Error Element/Trend: CA 7 Processing
Corrective Action ID Number: 88-1

Goal of Corrective Action - Reduce by 50 percent the number of agency errors caused by EW not recognizing reported changes and by supervisors' lack of reviewing cases for possible errors.

(The following chart is a sample of how the planning of the evaluation can be done. In this case, it does not include Options 4. B. and C., use of the CDS system and creation of the Supervisor of the Month Program.)

TASK	RESPONSIBILITY	DATE
Collect statistics on the number of supervisors' reviews completed each month for each worker.	EW Supervisors	April 3 May 3 June 3
Collect data on the number of errors detected through these reviews and the dollar impact.	EW Supervisors	April 3 May 3 June 3
Compile data and send to program manager.	EW Supervisors	April 5 May 5 June 5
Determine if the corrective action was implemented appropriately.	Project Director	April 10
Determine if corrective action is achieving its goal.	Project Director	June 15
Decide to keep, change, or stop a corrective action.	Project Director	June 15

Potential Problems

The data collected may not be the same from each group.

> Preventative Action: "Positive reward" Inform those collecting statistics that this is a top priority and will be used as a criteria in the next employee award program.

When the corrective action is first introduced the evaluation methodology should be reported in the Corrective Action Plan as follows:

> We plan to evaluate the success of the corrective action by gathering data as to the number of cases with changed information reviewed by each EW supervisor for three consecutive months and determine the number of error cases and the cost avoidance. The next two quality control reviews and focused reviews by the supervisors will provide statistics to allow us to determine the success of the corrective action.

II. Status and Evaluation of Previously Reported Corrective Actions

Instructions - This section should be used each six months after the submission of a corrective action plan until the process is "closed" by completion of evaluation. You need not reiterate the corrective action plan; we have it on file and will consult it. This section is designed to be a status report. As such, it should refer to the implementation plan and relate whether events occurred according to schedule; what is happening now; any changes that were made; unanticipated problems you encountered; and any evaluation results you have.

Discussion - This portion of the report will normally be quite brief and easy to prepare. Its purpose is to document progress. Please document any problems encountered and if it has been necessary to alter the original implementation plan. Also, please mention whatever initial results you may have.

We realize that virtually every plan may be altered due to unexpected circumstances. We need to know what problems were encountered in order to see if similar corrective actions encounter similar problems. Also, plans sometimes need to be abandoned rather than changed. If you have ceased activity on a corrective action, please let us know at what point you stopped and for what reasons.

Checklist - (For Interim Report of Corrective Action)

- Have you included information on whether your implementation went on schedule?
- Does your report make clear where you are now?
- Did you outline the changes you made to your plan?
- Have you cited what obstacles you encountered and how you handled them?
- Have you included any data on the effectiveness of the action?
- How could the problems you encountered have been avoided?

Example- (For Interim Report of Corrective Action)

Error Element/Trend: CA 7 Processing
Corrective Action ID: 88-1
Date: June 19, 1988

Implementation occurred on schedule, so we were able to evaluate this action. The data show a sharp decline in the number of errors made by line staff and the number of case corrections supervisors were forced to bring to the attention of EWs.

The anticipated resistance from supervisors fortunately did not occur, primarily because District Managers and Administration made it quite clear that these reviews are now a high priority, and because of the positive reinforcement provided by the Supervisor-of-the-Month Program.