PROJECT PURPOSE/BACKGROUND/PROJECT PITCH

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| --- | --- |
|  | Key reasons(s) for the project, and any contextual of historical background |

To create a BULK script to trigger a SSA interface, capture the SSA provided data, and update MAXIS cases at recertification for improved accuracy.

To leverage the automation built within the BlueZone application to gather and verify SSA information to reduce program and payment errors. The secondary objective is to save eligibility workers time, keystrokes, and discrepancies by updating applicable STAT panels in MAXIS with the information from the SSA interface (SVES/TPQY). This project will be classified as another Recertification Accuracy Project (RAP) which the ES Quality Improvement Team create and manage.

In our most recent DHS Quality Control review (July 2020 for FFY 2020) approximately 10% of our SNAP payment errors are from SSI/RSDI income being incorrectly budgeted. ([Link](https://www.dhssir.cty.dhs.state.mn.us/MAXIS/Documents/Supplemental%20Nutrition%20Assistance%20Program%20Quality%20Control%20Data%20Analysis%20for%20October,%202019%20-%20July,%202020.pdf) to report on SIR). The SNAP error rate for the State of Minnesota is currently 9.54%, which puts the state in 1st year liability. Without reversing payment errors for SNAP, the state will be in sanction which can cost Hennepin County millions of tax-payer dollars.

Statewide errors for SSI and RSDI are 3% vs. Hennepin at 10%.

Additional concerns regarding SSA information includes:

* Incorrect health care program eligibility
* Incorrect health care spenddown (out-of-pocket costs)
* Disability eligibility benefits reduction (DAC deductions, SNBC, etc.)
* Incorrect or missing ABAWD exemptions for SNAP

POLICY AND PROCEDURAL REFERENCES

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| --- | --- |
|  | Site the policies and/or procedures specific to this project. Add hyperlinks if possible. |

[CM.0018.12](https://www.dhs.state.mn.us/main/idcplg?IdcService=GET_DYNAMIC_CONVERSION&RevisionSelectionMethod=LatestReleased&dDocName=cm_001812) Medical Deductions (FMED)

[CM0010.18.06](https://hennepin-my.sharepoint.com/personal/ilse_ferris_hennepin_us/Documents/dhs.state.mn.us/main/idcplg?IdcService=GET_DYNAMIC_CONVERSION&RevisionSelectionMethod=LatestReleased&dDocName=cm_001812) Verifying Disability/Incapacity – SNAP

Mandatory Verifications

[MHCP Manual 1.5](http://hcopub.dhs.state.mn.us/epm/index.htm#t=1_5.htm&rhsearch=mandatory%20verifications&rhsyns=%20): MHCP Mandatory Verifications

[CM0010](https://www.dhs.state.mn.us/main/idcplg?IdcService=GET_DYNAMIC_CONVERSION&RevisionSelectionMethod=LatestReleased&dDocName=CM_0010) Verification

[HSR Manual](https://hennepin.sharepoint.com/teams/hs-es-manual/SitePages/Verification.aspx) Verification

POLI TEMP SVES TE02.12.13: TPQY INTERFACE

REQUIREMENTS

|  |  |
| --- | --- |
|  | The how, what, and when of key deliverables. Define scope. How does this support existing policies and procedures? Firm Deadline - If the deadline is firm, please provide business reason. |

The process will have four main parts. Using a list of PMI’s and case numbers provide by IPA each month the script will perform the following tasks:

1. Send SVES/QURY for all members on monthly list of SSI and/or RSDI recipients.
2. When TPQY messages are returned, run DAIL Decimator to remove the messages (the interface information will remain without the DAIL messages).
3. SSA Information Report: Gather information from TPQY, create an initial discrepancy report.
4. Review and update MAXIS coding: Make updates, create case notes, and create discrepancy report.

Existing policies and procedures require eligibility workers to verify SSA income and information using internal sources for case actions, application and recertification being the most application case actions.

Approximately 7,000-8,000 recipients’ SSA information needs to be verified and updated each month at program recertification.

No firm deadline, but the goal would be to have the project ready for testing by the time recertifications and renewals to restart. Late February 2021 for April 2021 recertifications.

POTENTIAL RISKS OR LIABILITIES

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| --- | --- |
|  | Any potential pitfalls, completing priorities, change management, etc. |

SSA Information received in the TPQY interface and the SOLQ-1 interface may have information that creates a discrepancy. If this were to be proven true, then gathering the information from the TPQY interface via automation would not be effective. This would then cause more manual work needed by support staff to verify the information in the SOLQ-1 before MAXIS could be updated via automation. This would also be more prone to human error, and result in many support staff FTE’s (manual time) and may result in not being able to update the cases timely (by the 1st of the report month for recertifications).

Update: 12/28/2020 – Spot testing has been completed. There appear to not be any discrepancies between the information provided by the TPQY interface and the SOLQ-1 or SMI interface.

Potential Data Risk – Per POLI TEMP TE02.12.13 SVES TPQY INTERFACE regarding case noting:

Federal tax and social security information must be kept confidential and requires safeguarding. CASE/NOTE is not a secure portal and is widely available to many inquiry users who do not need access to IEVS data match source information. To avoid unauthorized access to Federal tax information and social security information, DO NOT copy and paste any IEVS match data source information, BNDX or SDXS DAIL or TPQY result messages into CASE/NOTE. However, a case note could make reference that an "IEVS" match or a dated TPQY response is in the agency case file, without revealing any detailed protected information.

The biggest risk is that panels are updated incorrectly. To help reduce this risk the information that was previously coded on the panels will be captured, and multiple points of validation will be added to the coding to ensure that MAXIS panels reflect what’s in the current TPQY. Points of validation will be provided on a future logic map.

There will also be a short period of time where the cases will have TPQY DAIL messages, but these will be added to the DAIL scrubber to capture and delete those DAIL messages.

RESOURCES AND CONSTRAINTS

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| --- | --- |
|  | A Prioritized List of restrictions or limitations, and resources available. What do we need as a team to move the project forward? |

Production and testing time are the biggest limitation. With multiple projects and initiatives in various stages, other job duties, etc., making time to start and complete this project is the biggest constraint. The production is currently slated for the 1st Quarter of 2021, but much of that is reliant on other triage and priority projects.

We will continue to need IPA’s reports to provide a list of SSI and RSDI recipients who have recertifications. After a lengthy testing period, we will need staff identified who can run these processes ongoing. That person will need to have production access, and production will need to be available for a large section of the day for several days of the month. A test run to see how fast TPQY results typically take will need to be conducted.

SCRIPT SCHEDULE

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| --- | --- |
|  | Is this a BULK or individual script? Does this process from an existing list or data elements? Is this recurring? What’s the frequency? Where does this fall into SOP? |

This is a BULK script, that will need to be completed in three separate processes, most likely completed by someone on the QI team. Data is provided monthly by Todd Bennington (IPA) from the data warehouse. The frequency of this process will monthly but will need to run processes at different times.

Tentative Timeline: Subject to change based on testing period.

**Report provided by IPA:** 16th – 18th of last eligibility month (December 16th, 2020 for 02/2021 recerts)

**Run TPQY’s for all recipients:** Within last 7-10 days of last eligibility month. Per POLI TEMP TE02.12.13 SVES TPQY INTERFACE the DAIL response should be received from SSA within 2-3 days.

**Run DAIL Scrubber for TPQY’s:** regular recurring schedule (currently Wednesday’s and Friday’s and daily for Task-Based baskets and populations)

**Read TPQY information for all recipients:** Last day of eligibility month.

**Update TPQY information in MAXIS:** 1st day of the report month (January 1st, 2021 for 02/2021 recerts)

COLLABORATION

|  |  |
| --- | --- |
|  | Target Audience Individuals and/or groups who will be directly and/or indirectly involved? Who is doing the work or who is impacted by the work? Provide expectations and recommendations if applicable.   Stakeholders Who has a vested interest in this project? Who would be testing/providing feedback?  Decision Makers Who needs to sign off/approve the project and how? |

|  |  |  |
| --- | --- | --- |
| **Collaboration Participant** | **Role in Project** | **Email** |
| Faughn Ramisch-Church | Project Sponsor | [Faughn.Ramisch-Church@hennepin.us](mailto:Faughn.Ramisch-Church@hennepin.us) |
| Jennifer Frey | Decision Maker | [Jennifer.Frey@hennepin.us](mailto:Jennifer.Frey@hennepin.us) |
| Ilse Ferris | Project Lead | [Ilse.Ferris@hennepin.us](mailto:Ilse.Ferris@hennepin.us) |
| Kerry Walsh | Subject Matter Expert, Support Staff Project Lead, User Acceptance Testing | [Kerry.Walsh@Hennepin.us](mailto:Kerry.Walsh@Hennepin.us) |
| Jeremy Lucca | Support Staff Project Collaborator | [Jeremy.Lucca@Hennepin.us](mailto:Jeremy.Lucca@Hennepin.us) |
| Abdimalik Mohamed | Support Staff Supervisor and Project | [Abdimalik.Mohamed@hennepin.us](mailto:Abdimalik.Mohamed@hennepin.us) |
| Laurie Hennen | Quality Improvement Team Support Staff to run processes/User Acceptance Testing | [Laurie.Hennen@Hennepin.us](mailto:Laurie.Hennen@Hennepin.us) |
| Jackie Poidinger | Stakeholder- Health Care Program Manager | [Jackie.Poidinger@hennepin.us](mailto:Jackie.Poidinger@hennepin.us) |

**Target Audience**: Direct - Quality Improvement Team. Indirect – All eligibility staff in ES.   
   
**Stakeholders:** The Quality Improvement Team, Program Managers for SNAP, CASH and Heath Care.   
  
**Decision Makers:** Jennifer Frey and Faughn Ramisch-Church. Supervisor/Manager of the Quality Improvement Team.

DESIRED RESULTS

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| --- | --- |
|  | A prioritized list of specific and measurable deliverables. |

The project will be updated and enhanced over time to encapsulate all the programs. The priority for building support for programs is as follows:

1. SNAP
2. MFIP, GA and MSA
3. Housing Support/GRH
4. Health Care

Following tasks and information still needs to be determined:

* Buy-in active status in MMIS. How important is this?
* State buy-in vs. Federal buy-in – Coding of “Buy-In begin Date”: If this is filled in when MSP’s are open in MAXIS/MMIS this can cause issues. Kerry Walsh will research further and site sources.
* Incorporate DAC Eligible and DAC applied (Boolean statements) to final output of script
* Length of time for a TPQY to be returned
* Time to gather and update SA information via automation
* When are recertifications going live again in Minnesota for SNAP?
* Is there an issue with getting information from interface 40+ days before review? SSI information can change frequently (add TPQY date to case note as part of verification).

Prioritized List of Activity

1. Discover on above tasks and information to be determined.
2. Project development (including logic map, etc.)
3. Active development
4. Automation Testing
5. Automation deployment (including communication and supports)

Deliverable of reducing payment accuracy errors for SNAP will be determined by monitoring the SNAP QC error rate for the State of Minnesota, and Hennepin County’s portion of that error.

OTHER IMPORTANT INFORMATION

|  |  |
| --- | --- |
|  | Any additional information. Can also add attachments or links. |

There was a project prior to the recertification waiver where SSR and OS staff are manually researching these cases in SOLQ-1 and updating a spreadsheet. This project will greatly inform the SSI/RSDI Recertification Accuracy Project.

Accelerant Plan Approval

|  |  |
| --- | --- |
|  | By signing this document, I acknowledge that I have received all the stated deliverables at the agreed to quality levels. Double click on the signature line to complete the signature process. |

