



Official Proceedings of the Buffalo Bridges Human Service Zone Board – August 5, 2024

At 11:04 a.m., Zone Director, Mandi Freije called the regular meeting (In person and via Teams Meeting) of the Buffalo Bridges Human Service Zone Board to order. Zone Board Members, Tracy Johnk, Jerry Bergquist, Cole Conley, Gayle Nelson, Allison Swenson, and Shawn Olauson were present. Absent was Tom Overn. Also present was Susan Reichenberger and Jessica Alonge.

Olauson made a motion, seconded by Johnk, to approve the presented minutes. Roll call vote taken. Motion carried.

Conley made a motion to approve the presented vouchers, seconded by Swenson. Roll call vote taken. Motion carried.

Freije presented the organizational chart to the board and informed the board there will be five additional eligibility call center employees added to the chart. Freije and two other directors will be interviewing the call center applicants. These are new positions added and these workers will be working remotely within the state of North Dakota.

Freije went over the Standards of Administration report and explained that this has been implemented by the state. The state will update this report quarterly. The Standards of Administration include measures that describe basic standards as they apply to Human Service Zone delivery of Human Services. This includes Child Welfare, Economic Assistance and Operations.

Freije explained to the board that the state did a salary compression study. The state used a formula based on position and years of service to determine salary increases. Buffalo Bridges had 19 out of 45 staff members that received a salary compression increase. These increases will go into effect on August's payroll.

Freije discussed a recent General Assistance Burial denial appeal that may be filed by a local director. At this time no appeal has been filed. If an appeal is filed the appeal will be brought to the zone board.

There was no other business discussed.

The September 9, 2024, Zone Board meeting will be held both in person and virtually through Teams.

At 12:01 p.m., Olauson made a motion to adjourn the meeting, seconded by Bergquist. Motion carried.

ATTEST:

Mandi Freije, Zone Director

Gayle Nelson, Secretary

**Mandi Freije
Director**

Susan Reichenberger
Eligibility - Jamestown

- Hannah Fisher
- Theresa Kalmbach
- Jasmine Lee
- Michaela Barthel
- Lucas Maurer
- Tara Franke
- Stephanie Saxberg
- Janna Robinson
- Kaylee Rodgers
- Vacant

Sean Ryan
Eligibility - Valley City

- Cindy Unger
- Sarah Rangeloff
- Tiffani Thomas
- Talara Latt
- Kaylene Detwiler
- Kristi Wieland
- Wanda Larson
- Becky Compson

Jean Hagel
Administration - Jamestown

- Tanya Spurgeon
- Morgan Bonderson
- Shera Joramo
- Kari Vining
- Courtney Nitschke
- Diane Fritchie
- Call Center 1
- Call Center 2

Libby Wynne
Child Welfare - CPS - Jamestown

- Stephanie Wieland
- Bailey Kristjanson
- Williametta Barkar
- Codi Tahran
- Gina Bercler
- Eileen Hoffman
- Brandy Dockter
- Annette Doyle
- Sheila Oye
- Kara Knecht

Stephanie Morse
Child Welfare FC / IH - Jamestown

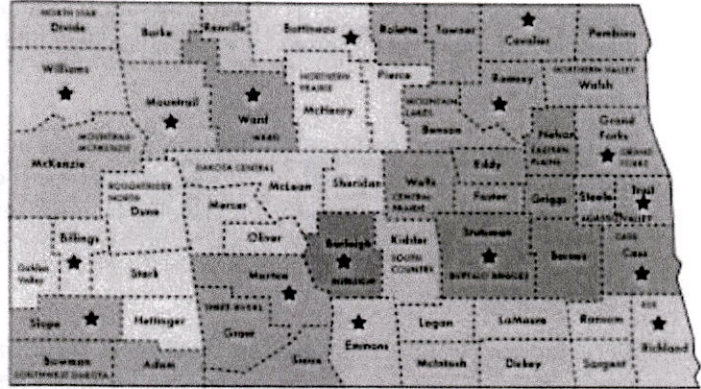
- Dennis Mansavage
- Christina Gillingham
- Kayla Grounds
- Vacant
- Alicia Lamm

Carrie Anderson
Child Welfare FC / IH - Valley City

- Becka Scherr
- Kelsey Pritchert
- Brenna Pritchert
- Vacant
- Vacant
- Megan Olson

Standards of Administration, Performance Improvement and Progressive Discipline related to Human Services delivered by Human Service Zones

North Dakota Century Code (NDCC) 50-01.1-08 outlines an expectation that the North Dakota Department of Health and Human Services (“Department”) establish standards for acceptable administration of the human services that are delivered by Human Service Zones. These standards will help assure that all parties have a shared understanding of successful performance and will also serve as a marker for any determination of “failure to administer”.



EXCERPT FROM NDCC 50-01.1-08.

Standards of administration - Action upon failure to administer.

1. *The department shall adopt standards for administration for human services and shall provide training for the implementation of those standards. Each human service zone shall provide for administration of human services that meet those standards.*
2. *The department shall develop a system of progressive discipline to address performance issues within the human service zone. The system shall reserve the most serious actions for severe or chronic failure to meet the standards adopted under subsection 1.*
3. *The department shall provide ongoing performance notifications to the human service zone board and human service zone director related to the overall compliance with the standards of administration.*
4. *If a human service zone fails to provide for administration of human services that meet the standards adopted under subsection 1, the department may take any of the following actions:*
 - a. *Provide training to the persons responsible for administration.*
 - b. *Require the human service zone to prepare and implement a corrective action plan.*
 - c. *Terminate or modify a human service zone, agreement, or plan which may include requiring the reconstituting of the human service zone board or rehiring of a human service zone director as part of a new or modified agreement or plan.*
 - d. *Recalculate and adjust the human service zone's payments.*
 - e. *Recommend disciplinary action to the human service zone director or the human service zone board.*

HUMAN SERVICE ZONE OPERATIONS

STANDARDS OF ADMINISTRATION Child Welfare / Economic Assistance / Operations

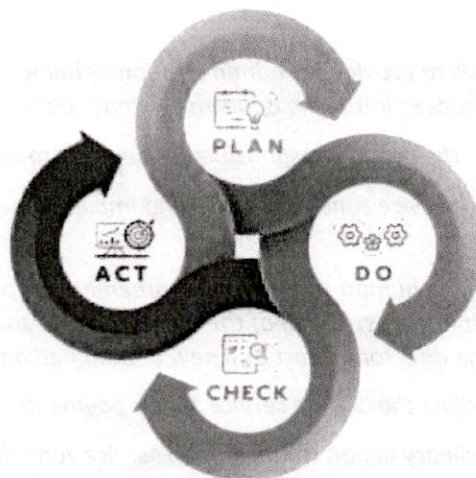
Human Service Zone Standards of Administration include measures that describe basic standards as they apply to HSZ delivery of Human Services, including Child Welfare services, Economic Assistance services, and HSZ Operations.

Standards are based on “Tier 1” measures, which are intended to measure elements of administration that are within the HSZ’s control. These elements focus on data integrity and delivery of services in accordance with program policy (child welfare), program delivery standards related to timeliness and accuracy of determinations (economic assistance), and financial and personnel management (operations).

Tier 1 (administration) measures are a subset of the broader range of performance / success measures that inform ongoing continuous quality improvement efforts. They represent basic thresholds of program administration. Tier 1 measures are not intended to be reflective of programmatic outcomes (Tier 2 measures) or overall population level indicators (Tier 3 measures).

Administration-oriented measures (Tier 1) impact the ability to see success in subsequent tiers. To ensure the continuous quality improvement of delivery of human services in North Dakota, it is critical to have ongoing access to accurate, timely, and reliable data about how the system is operating.

Access, sharing, and the use of quality data between Department team members, HSZ team members and community stakeholders is essential to informing and improving child and family outcomes for the state and to support continuous quality improvement activities.



Overview of Key Indicators / Measures of Performance

The following table offers an example of how we may want to think about key indicators for North Dakota human service delivery, including measures about basic accountability in administration and program delivery, programmatic outcomes, and population level impacts.

This chart captures current Tier 1 measures; the items listed as Tier 2 and 3 measures are intended to be illustrative and a foundation for future discussion. By formalizing a set of core measures that help define what “success” looks like, the state can also better focus resources that are needed to support success, including the availability of effective onboarding/training resources and regular/consistent/accessible data, amongst others.

	Child Welfare	Economic Assistance	Operations
Tier 1 “Administration measures” Administrative and Program Delivery practices	<ul style="list-style-type: none"> • Tardy Transaction Errors • In-person monthly visits foster care • In-person monthly visits in-home and kin care • CPS assessment within parameters • Face-to-face visits in CPS 	<ul style="list-style-type: none"> • Work Item Completion • Processing timeliness • Error proofing (statewide) 	<ul style="list-style-type: none"> • Timely Budget Reports • Timely Personnel Reports
Tier 2 “Performance Outcomes” Programmatic Goals and Individual Impacts	<ul style="list-style-type: none"> • Time to reunification / permanency • Connection to services • HSZ Director completes child welfare certification/ booster • Re-balancing of interventions toward best practice 	<ul style="list-style-type: none"> • Timeliness of benefit delivery • Payment error rates • HSZ Director completes eligibility certification/ booster 	<ul style="list-style-type: none"> • Identifying capacity • Collaboration • Assisting others • Turnover rate
Tier 3 “Population level measures” Community Impact	<ul style="list-style-type: none"> • Measures of wellbeing • Population level health 	<ul style="list-style-type: none"> • Measures of wellbeing • Population level health 	<ul style="list-style-type: none"> • Gallup type engagement tools

MEASURE 1: 100% of cases in FRAME will be free of Tardy Transaction Errors.

- An incomplete understanding of key performance indicators prevents accurate identification and interpretation of problems as well as the development of appropriate solutions to resolve them. For example, what may seem like a minor data entry issue can have serious consequences for those we provide service to. Data quality issues can place the State out-of-compliance and subject to financial penalties which limits our ability to provide services to children and families.
- A tardy transaction data error occurs when a transaction date is more than 30 days after the removal or the exit. The two transaction date elements are the removal transaction date (element 70) and exit transaction date (element 154) and are nonmodifiable and computer generated.

Federal threshold

AFCARS threshold for tardy transaction data errors is 0%: 100% of cases must be error free.

Financial Penalty

If North Dakota is found not in compliance, a financial penalty of 1/6 of 1% of all State claims for title IV-E foster care administration and training will be imposed. This will increase to ¼ of 1% for subsequent periods if not brought into compliance.

Data source for determination of compliance

FRAME Help Desk Error Report

Why does this measure matter? How does it tie to a program outcome?

This data element supplies one of the foundational facts about a case; accuracy of performance measures is not possible if information is not entered timely. Additionally, the accuracy of timely data entry will enable the use of system helpers and accelerators that will support efficient delivery of services, providing a direct benefit to team members in the field.

MEASURE 1: % of cases that are free of "tardy transaction" errors	
STATUS	STANDARD
Exceeds Standards (5)	n/a
Meets Standards (4)	100%
Failure to Meet Standards (3)	99%
Severe Failure to Meet Standards (2)	98%
Chronic Failure to Meet Standards (1)	3 consecutive quarters of Severe Failure to Meet Standards

MEASURE 2: At least 95% of children in foster care will have an in-person case worker visit every full month that the youth is in care.

- Foster Care policy 624-05-15-50-30 "Case Management Monthly Visitation" provides requirements concerning monthly face-to-face visitation.
- A majority of the in-person face-to-face visits must take place in the primary residence of the child.
- All in-person face-to-face visitations will be entered into FRAME monthly.

Federal threshold

To be federally compliant, 95% of children in care must receive an in-person case worker visit every full month they are in care. The federal threshold for non-compliance is 5%.

Financial penalty

North Dakota will receive a penalty to the Federal IV-B Subpart 1 award if the state as a whole does not achieve a 95% visitation rate. The amount of penalty depends on how far below the state as a whole is from meeting the 95% visitation requirement.

Data source for determination of compliance

FRAME report for Case Worker Visits.

Why does this measure matter? How does it tie to a program outcome?

Everyone is responsible for the safety, well-being and permanency of children in our care. The minimum of once monthly visitation is to assure the child is safe, has all their needs met, and is making progress toward achieving permanence.

Measure 2: % in-home visits for children in foster care

STATUS	STANDARD
Exceeds Standards (5)	95-100%
Meets Standards (4)	95%
Failure to Meet Standards (3)	85-95%
Severe Failure to Meet Standards (2)	<85%
Chronic Failure to Meet Standards (1)	3 consecutive quarters of Severe Failure to Meet Standards

MEASURE 3: 95% of children in home/kinship care who receive an in-person case worker visit twice each month.

- At least **95%** of children in receiving in **home/kinship care** services or in the Unlicensed Kin/Identified Relative Program will have an in-person worker visit a minimum of **2 times per month** in the child(ren)'s home.
- In-Home Policy 610-05-40-05 provides detailed direction related to the frequency and quality of the visits.

Federal threshold

This is not addressed in federal law.

Financial penalty

There is not a federally assessed penalty.

Data source for determination of compliance

FRAME report for Case Worker Visits

Why does this measure matter? How does it tie to a program outcome?

Everyone is responsible for the safety, well-being and permanency of children in our care. This expectation is not limited to foster care. The minimum twice monthly visitation is to assure the child has all their needs met, and safety plan is at the appropriate intrusion level and is being accurately followed.

MEASURE 3: % of children in in-home/kinship with in-person visits

STATUS	STANDARD
Exceeds Standards (5)	95-100%
Meets Standards (4)	90-95%
Failure to Meet Standards (3)	85-90%
Severe Failure to Meet Standards (2)	<85%
Chronic Failure to Meet Standards (1)	3 consecutive quarters of Severe Failure to Meet Standards

MEASURE 4: At least **88%** of CPS assessments will be completed within parameters set forth in policy.

- State policy required CPS assessment be completed with 62 days of assignment. This would exclude any extensions granted due to the severity of the case as described in policy.
- Timeliness and Workflow Policy 640-01-10-10-20 provides detailed information related to expectations surrounding CPS assessments.

Federal threshold

This is not addressed in federal law.

Financial penalty

There is not a federally assessed penalty.

Data source for determination of compliance

FRAME report

Why does this measure matter? How does it tie to a program outcome?

Safety is the core of the work in child welfare. To assure safety seeing the children face-to-face is the first step in safety assessment and safety planning. Completing the assessment timely help build trust in the public and gives answers to families and reporters of abuse and neglect.

MEASURE 4: % of CPS assessments completed within 62 days

STATUS	STANDARD
Exceeds Standards (5)	88-100%
Meets Standards (4)	85-88%
Failure to Meet Standards (3)	80-85%
Severe Failure to Meet Standards (2)	<79%
Chronic Failure to Meet Standards (1)	3 consecutive quarters of Severe Failure to Meet Standards

MEASURE 5: At least 90% of initial responses and face-to-face contact with the children will be on-time according to state policy (excluding delays beyond the control of the agency as defined in CQI standards).

- Expectations related to timely face-to-face visits are a core element of the Quality Assurance Case Reviews in the CFSR Onsite Review Instrument (OSRI). Response times are set based on the severity level (A, B, or C) associated with any given report.
 - Response Time A – the 24-hour calculation would begin the date and time Human Service Zone receives the report. This would be the date entered on the Intake screen in FRAME.
 - Response Time B – the 3-day (72-hour) calculation begins the date and time Intake notified the receiving agency of the intake. This information is to be captured in the ‘new field’ in FRAME found on the Assessment Page.
 - Response Time C – the within 14-day response would begin the date and time Intake notified the receiving agency of the intake. This information is to be captured in the ‘new field’ in FRAME found on the Assessment Page.
- Response Time Decision Policy (found in 640-01-10-10-01 Child Welfare Policy Manual) provides more detailed information about expectations for face-to-face contacts.

Federal threshold

The federal threshold for non-compliance of OSRI items is 5%.

Financial penalty

North Dakota is assessed a financial penalty based on performance for each of the federal measures of compliance. The penalty requires Federal IV-E/IV-B repayment if measurement does increase to federal requirement as described in the Performance Improvement Plan (Measure 2 in current PIP).

Data source for determination of compliance

FRAME Report

Why does this measure matter? How does it tie to a program outcome?

Safety is the core of the work in child welfare. To assure safety seeing the children face-to-face is the first step in safety assessment and safety planning. When face-to-face contact isn't timely, safety may be compromised.

MEASURE 5: % of face-to-face CPS assessments completed timely	
STATUS	STANDARD
Exceeds Standards (5)	95-100%
Meets Standards (4)	90-95%
Failure to Meet Standards (3)	80-90%
Severe Failure to Meet Standards (2)	<80%
Chronic Failure to Meet Standards (1)	3 consecutive quarters of Severe Failure to Meet Standards

MEASURE 6: HSZ eligibility teams are completing at least 90% of the target number of work items each month

- Each Human Service Zone contributes to the overall success of the eligibility assistance process through the work of its team. One measure of team performance is the volume and rate at which work items flow through each team member’s work queue.
- Because there are many people involved in the successful processing of an application, some system results are best measured at an aggregate level. However, individual productivity is truly the key to a Zone’s ability to successfully process applications, reviews and eligibility changes in a timely manner.
- The productivity of individual team members is largely dependent on the level and quality of supervision, training and support those team members receive – from onboarding through daily operational support and coaching. Team member management and support is a key driver of performance for Economic Assistance.

Federal threshold

None

Financial penalty

The SNAP and Medicaid programs impose financial penalties on the state for both error rates and timeliness failures. While there is no direct penalty related to individual team member performance at the work item level, it is the building block of North Dakota’s aggregate performance.

Data source for determination of compliance:

SPACES, SharePoint PCL, Workload Management, Application, Passive Review Dashboard, and Regular Review Dashboards

Why does this measure matter? How does it tie to a program outcome?

Efficient processing of work item volume contributes directly to two of the most important factors affecting the people we serve -- timeliness standards and quality measures.

MEASURE 6: # of work items completed as a % of quarterly work item completion target

STATUS	STANDARD
Exceeds Standards (5)	>100% of completion goals
Meets Standards (4)	90-100% of completion goals
Failure to Meet Standards (3)	80-90% of completion goals
Severe Failure to Meet Standards (2)	<80%% of completion goals
Chronic Failure to Meet Standards (1)	3 consecutive quarters of Severe Failure to Meet Standards

Human Service Zone Level Work Item Completion Goals by Processing Group
Aggregated total of Work Items completed per month per team member by Group Assignment

EXAMPLE: Monthly and Quarterly Worker-Level Goals for Q1 2024

					% of Target				
	Jan 24	Feb 24	Mar 24	Qtr 1 Target	Exceeds	Meets	Failure to Meet	Severe Failure to Meet	Chronic Failure to Meet
Days	16.4	15.6	15.6	47.5					
Group 1 17/day	278	265	265	808	>100% >808/qtr	90-100% 727-808/qtr	80-89% 646-726/qtr	<80% <646/qtr	
Group 2 13/day	213	203	203	618	>100% >618/qtr	90-100% 556-618/qtr	80-89% 494-555/qtr	<80% <493/qtr	3 consecutive quarters of Severe Failure to Meet Standards
Group 3 14/day	229	218	218	665	>100% >665/qtr	90-100% 599-655/qtr	80-89% 526-598/qtr	<80% <526/qtr	
Group 4 12/day	196	187	187	570	>100% >570/qtr	90-100% 513-570/qtr	80-89% 450-512/qtr	<80% <450/qtr	

CALCULATION NOTES

Establishment of Number of Working Days

The number of working days per month is established based on a set of assumptions that help define anticipated work item processing capacity. These assumptions include:

- State holidays removed from the annual working day calendar (10 days)
- 3.8% of each working day allocated to vacation (assume 2 weeks (80 hours) of individual time away each year)
- 18.8% of each working day allocated to non-processing activities (i.e., assume 1.5 hours of each 8-hour day spent away from processing)

Establishment of Monthly Target for Work Item Completion

Each processing group has a daily target for work item completions per worker. The daily completion target is multiplied by the pre-established number of "working days" each month. The result is a monthly work item completion target for each team member who is assigned to a particular processing group.

Establishment of Staff Capacity

The number of staff assigned to each processing group is based on the staff assignments identified in each Human Service Zone's previous month-end Position Control Log (PCL). Vacant roles are excluded from the calculation.

Calculation of Quarterly Measure

The quarterly measure aggregates all the Zone's monthly targets (as determined by working days, staff capacity and group assignment) into a quarterly target. Work item completion is then compared to the established aggregated quarterly target.

- Quarterly Work Item Completion Target = Working days per quarter x Daily target per processing group x # staff assigned to each processing group
- Quarterly Work Item Completions = Month 1 completions + Month 2 completions + Month 3 completions
- Quarterly Completion Ratio = Work item completions ÷ Work item completion target

MEASURE 7: At least 95% of applications and reviews are processed within established timeliness standards

- Each federally funded program has expectations related to how long it takes to process an application or review (i.e., timely processing). The state has also established goals related to timely processing as a key measure of success for delivery of stabilizing supports to North Dakota households.
- An application or review is deemed as “processed” when it has been approved or denied and a notice of eligibility has been sent.

Federal threshold: Thresholds are established for each program. Expedited SNAP has a timely processing expectation of 7 days. TANF, SNAP, and CCAP have a timely processing expectation of 30 days. LIHEAP and Medicaid have a timely processing expectation of 45 days.

Financial penalty: For SNAP: If a state agency fails to submit a satisfactory Application Processing Timeliness (APT) Corrective Action Plan (CAP) within 30 calendar days of receiving the Formal Warning letter or fails to achieve the commitments in its APT CAP by the dates specified in the APT CAP, FNS will take action to suspend or disallow Federal funds afforded to the State agency (7 CFR 276.4(e)).

Data source for determination of compliance:
SPACES, (Application and Regular Review dashboards)

Why does this measure matter? How does it tie to a program outcome?

Timely delivery of stabilizing supports to families is a key performance measure for all economic assistance programs.

MEASURE 7: Timeliness of application processing

STATUS	STANDARD
Exceeds Standards (5)	95-100% of cases rated as “target or excellent” (<5% “untimely”)
Meets Standards (4)	90-95% of cases at “federal, target or excellent” (5-10% “untimely”)
Failure to Meet Standards (3)	80-90% of cases rated as “federal, target or excellent” (10-20% “untimely”)
Severe Failure to Meet Standards (2)	<80% of cases rated as “federal, target or excellent” (>20% “untimely”)
Chronic Failure to Meet Standards (1)	3 consecutive quarters of Severe Failure to Meet Standards

Timeliness Goals by Program

	<i>Excellent</i>	<i>Target</i>	<i>Federal</i>	<i>Untimely</i>
Expedited SNAP	Same day	1-3 days	4-7 days	>8 days
SNAP	0-3 days	4-10 days	11-30 days	>30 days
CCAP	0-5 days	6-10 days	11-30 days	>30 days
TANF	0-10 days	11-20 days	21-30 days	>30 days
LIHEAP	0-5 days	6-10 days	11-45 days	>45 days
Medicaid	0-10 days	11-20 days	21-45 days	>45 days

MEASURE 8: Monthly budget reports are submitted timely

- Each HSZ has a designated Host County that is responsible for administration of HSZ operations, including finance, human resources, legal services, etc.
- The Host County submits actual expenditure information to the Department on a monthly basis to allow the Department to appropriately issue and reconcile the semi-annual payment that is due to each HSZ.
- The state is committed to timely payment, which is dependent on the submission of timely information.

Federal threshold

None

Financial penalty

None

Data source for determination of compliance

HHS Finance

Why does this measure matter? How does it tie to a program outcome?

The State cannot appropriately calculate adjustments or reimburse Host Counties for costs incurred without timely information on actual expenditures. Similarly, the ability to monitor core expenditures is compromised without maintenance of timely data on actual spending.

MEASURE 9: % of budget submissions received timely

STATUS	STANDARD
Exceeds Standards (5)	Received on due date
Meets Standards (4)	Received within 3 days of due date
Failure to Meet Standards (3)	Received within 30 days of due date
Severe Failure to Meet Standards (2)	Received within 45 days of due date
Chronic Failure to Meet Standards (1)	3 consecutive quarters of Severe Failure to Meet Standards

MEASURE 9: Personnel changes reported via the position control log timely

- HSZ team members are county employees. As such, team member level data is maintained in county HR systems.
- To facilitate its oversight responsibility, the Department needs access to a limited number of team member level data fields. This information is shared in each HSZ’s Position Control Log (PCL).
- The PCL provides valuable insight on vacancies and new hires.

Federal threshold

None

Financial penalty

None

Data source for determination of compliance

HHS HR (referencing SharePoint PCL “Last date updated” field)

Why does this measure matter? How does it tie to a program outcome?

Effective personnel management requires timely data insights. HR data that is out of date is of limited value in identifying staffing needs and will limit the value of the real time dashboards that have been developed to help HSZ and state team members better understand staffing trends.

MEASURE 3: Timely update of PCL

STATUS	STANDARD
Exceeds Standards (5)	Changes entered by the 5 th calendar day of the month (for the previous month)
Meets Standards (4)	Changes entered by the 15 th calendar day of the month (for the previous month)
Failure to Meet Standards (3)	Changes entered by the 25 th calendar day of the month (for the previous month)
Severe Failure to Meet Standards (2)	Changes entered more than 30 days after the end of the current month
Chronic Failure to Meet Standards (1)	6 consecutive months of Severe Failure to Meet Standards

STATEWIDE AWARENESS METRIC**MEASURE 10: Error Proofing is completed based on assigned standards.**

- Quality at the source is a fundamental principle in quality management, emphasizing the importance of ensuring quality services from the very beginning of the delivery process.
- Quality in Economic Assistance is accurately determining eligibility and issuing the correct benefit amount. Poor quality results in families being paid more or less than they are entitled to, resulting in delayed resources or claims the family is required to pay back to the state.
- The North Dakota eligibility process requires team leads to review quality at the source by error proofing application and review determinations prior to authorization based on the experience level and/or performance of the individual worker:
 - Team member experience <=3 months = 100% of determinations
 - Team member experience 3-12 months = 50% of determinations
 - Team member experience >12 months = 25% of determinations

Federal threshold

The SNAP and Medicaid programs impose financial penalties on the state for both error rates and timeliness failures at the program level.

Financial penalty

North Dakota will be assessed a financial penalty (adjusted based on actual performance by program) whenever error rates exceed federally established thresholds for consecutive fiscal years. This dynamic penalty assessment applies to both SNAP and Medicaid.

Data source for determination of compliance

SPACES Workload Management Dashboard , Error Proofing Tab (new)

Why does this measure matter? How does it tie to a program outcome?

Established error proofing standards ensure quality at the source and provides supervisors and team lead with the information necessary to help their teams succeed.

MEASURE 10: % of cases error proofed prior to authorization	
STATUS	STANDARD
Exceeds Standards (5)	95-100%
Meets Standards (4)	85-95%
Failure to Meet Standards (3)	75-85%
Severe Failure to Meet Standards (2)	<75%
Chronic Failure to Meet Standards (1)	3 consecutive quarters of Severe Failure to Meet Standards

DEPARTMENT PRACTICE RELATED TO PERFORMANCE IMPROVEMENT AND PROGRESSIVE DISCIPLINE FOR FAILURE TO ADMINISTER

Human Service Zones (HSZ) under the leadership of the HSZ Director and with the support of the local HSZ Board, are responsible for the delivery of a range of human services to their communities. These services are to be delivered in a way that meets or exceeds standards for acceptable administration, as established by state and federal agencies through law, policy, and regulation.

Data on each identified Standard of Administration will be reported by the Department to each HSZ Director and HSZ Board no less than quarterly. Each standard will be reported within one of five categories:

- Exceeds Standards (5)
- Meets Standards (4)
- Failure to Meet Standards (3)
- Severe Failure to Meet Standards (2)
- Chronic Failure to Meet Standards (1)

Progressive disciplinary action will occur when there is evidence of failure to meet standards, with escalation of disciplinary action tied to persistence and prevalence of a pattern of non-compliance. The establishment of a "pattern" of non-compliance will be measured by looking at performance over consecutive quarters or by cumulative performance, or both.

1. Targeted Training Strategy

The Department will work directly with the HSZ to deliver training and professional development targeted to the areas of non-compliance.

Trigger: "Failure to Meet Standards" in 3+ Measures

2. Corrective Action Plan

The HSZ Director shall draft a Corrective Action Plan, which will include use of Continuous Quality Improvement processes to identify problems and develop, implement, and monitor solutions. Each Corrective Action Plan will establish aggressive but achievable goals to demonstrate performance improvement and must be approved by the Department.

Trigger: "Severe Failure to Meet Standards" in 5+ measures

3. Performance Improvement Plan

The HSZ Board shall implement progressive disciplinary action to begin with developing a Performance Improvement Plan for the HSZ Director as appropriate. The HSZ Director shall implement progressive disciplinary action to begin with developing a Performance Improvement Plan for HSZ Supervisory staff as appropriate.

Trigger: "Severe Failure to Meet Standards" in 5+ measures for 3 or more consecutive quarters

4. Structural Re-alignment

The State shall pursue structural re-alignment of the HSZ including rescission of the HSZ Plan, disciplinary action for the HSZ Director, recommend re-constitution of the HSZ Board, dissolution and re-constitution of the HSZ, or any combination thereof.

Trigger: "Chronic Failure to Meet Standards" in 5+ measures for 4 or more consecutive quarters

SAMPLE

QUARTERLY SUMMARY OF COMPLIANCE WITH STANDARDS OF ADMINISTRATION

[insert Human Service Zone name]

[insert date / quarter]

Measure	Quarterly Perf Stat	Compliance Status – Current Quarter					Has this measure been out of compliance in the last 2 years? (Status 1 or 2)							
		5 - Exceeds Standards	4 - Meets Standards	3 - Failure to Meet Stds	2- Severe Failure to Meet Stds	1 – Chronic Failure to Meet Stds	Q2 24 (current)	Q1 24	Q4 23	Q3 23	Q2 23	Q1 23	Q4 22	Q3 22
1	cw: Tardy Transaction Errors													
2	cw: Visits for children in Foster care													
3	cw: Visits for children in in-home/kin care													
4	cw: Timely CPS assessments													
5	cw: Timely CPS face-to-face visits													
6	EA: Work item processing volume													
7	EA: Processing timeliness													
8	OP: Timely Budget Reports													
9	OP: Timely Personnel Reports													
TOTAL														
Action Thresholds	Targeted Training		5											
	Correction Action Plan			5										
	Performance Improvement Plan						5	5	5					
	Structural Re-alignment						5	5	5	5	5	5	5	
10	EA: Error proofing (STATEWIDE)													

Attachments:

HSZ Standards of Administration – Quarterly Snapshot Dashboards