

STATE OF ALASKA

DEPT. OF HEALTH AND SOCIAL SERVICES
OFFICE OF THE COMMISSIONER

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Response to Senate Finance Questions from February 7, 2011 **Submitted: February 22, 2011**

When legislation established the Senior Benefits Program in 2007 the Division of Public Assistance estimated that four Eligibility Technicians I positions, one Eligibility Technician III and 1 administrative support position would be needed to serve the projected number of program participants. Despite growth in the service population since 2007, no additional staff has been needed to manage the work.

The Senior Benefits Program Eligibility Technician I (ET I) accepts applications for assistance (including renewal or re-certification applications), determines eligibility, pursues and verifies needed documentation, and authorizes benefits. The ET I also acts on reports of change from program participants and addresses client inquiries about their case status. The ET I documents all case actions and composes notices that summarize the eligibility determination.

The Eligibility Technician III (ET III) is the unit's lead worker, office manager and program policy expert. The ET III conducts quality assurance case reviews, responds to the more complex client inquiries, assists in the Fair Hearing process, conducts outreach and performs other tasks associated with the administration of the program.

An Office Assistant I (OA I) is the only administrative support personnel for the office. The OAI registers applications, handles incoming and outgoing mail, and is the office receptionist.

Each Eligibility Technician I actively manages an average caseload of approximately 2,500 program participants. The Senior Benefits Program Office receives about 220 new applications and approximately 850 renewal applications each month.

The caseload is not as static as it might seem. In addition to the more than 1,000 new and renewal applications received monthly, over 200 cases are closed each month. Roughly 32 percent of the closures are due to the death of the recipient, 15 percent are because the elder has left the state, and 12 percent are due to the elder moving to a nursing home or a Pioneer Home.

The amount of time it takes to process an application depends on the complexity of the information contained on the application and whether or not the applicant provided all of the needed information. A simple application (one person household with income only from Social Security) takes an average of 15 to 20 minutes to process. More complex cases (e.g., multiple sources of income) may take up to 30 minutes.

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Approximately 40 to 50 percent of initial applications are incomplete. Staff estimates that incomplete applications can take 30 to 45 minutes to complete. Incomplete applications take longer to process because the ET makes a concerted effort to contact the applicant to secure the missing information or to pursue verification through interfaces and collateral contacts. When these efforts fail a notice is drafted to request the missing information. Because of the efforts of the ET to pursue missing, incomplete, or questionable information it is only necessary to pend approximately 25 to 30 percent of incomplete applications.

It takes an average of 10 minutes to process renewal applications as long as there are no changes in the applicant's circumstances. As with an initial application the ET reviews the application for completeness, checks system interfaces, reviews prior case notes, authorizes benefits, sends notices, and documents all actions taken on the application. If there are changes reported on the renewal application, it may be necessary to contact the customer for additional information or clarification, which increases the amount of time needed to complete the eligibility determination.

Once an applicant is determined eligible, the Eligibility Information System (EIS) automatically issues the approved benefits for future months until a renewal application is required or the client reports a change in their circumstances.

Each month the office receives approximately 200 reports of change (changes in residence, reports of death, new income, etc.) that require action by an ET. The processing time for reports of change varies depending on the nature of the change. It can take from five minutes to as long as 10 to 15 minutes to process a report of change if it entails a change in benefits or requires verifying the information provided by the client.

The office receives 40 to 50 calls per day during peak periods, which include the week benefits are typically issued for on-going cases and after renewal applications are mailed out. Responding to calls takes on average 10 minutes and longer if interpreter services are needed.

Approximately 40 to 50 people come to the office each month to inquire about the program, the status of their case, or to drop off an application or verification. Visits may be relatively short or quite protracted depending on the needs of the customer.

Staff must also research returned mail, which entails attempts to contact the customer to confirm the correct address or, after investigating the circumstances, closing the case for loss of contact. It is estimated that responding to return mail takes about 8 -10 hours per month. Staff also must address lost payments and re-issuance of benefits (when changes in mailing address are not reported timely, etc.). About 20 of these requests are received monthly and it takes about 10 -20 minutes to discuss the situation with the client and to process the stop-payment for a warrant and to document the changed information.