Enhancing client and case management

Integrated Services Delivery

(Part 2 of 3)

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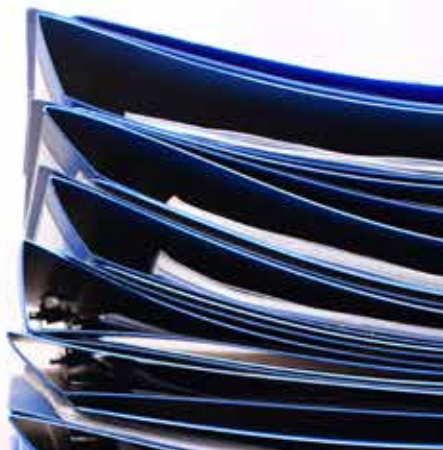

Introduction

This KPMG series on Integrated Services Delivery builds upon previous KPMG thought leadership that documents the specific ways states and localities are improving service delivery through critical integration strategies:

- **"The Integration Imperative: reshaping the delivery of human and social services,"** developed by KPMG International in collaboration with the Mowat Centre
- **"The Integration Imperative as the Driver of Reform,"** a research paper developed by KPMG LLP and the Governing Institute

States across the country are aggressively pursuing opportunities for program and service delivery integration to improve the delivery of health and human services (HHS) programs and services. Supported by actions taken and guidance issued by the federal government over the past few years,[1] states are increasing their focus on cross-program integration. In fact, there is no better time than the present to pursue program and service integration to create cost efficiencies and provide better outcomes to clients.

Meanwhile, clients themselves are increasingly expecting more self-service options, providing a significant opportunity for states to transform their service delivery strategies, while enhancing the client and applicant experience and satisfaction.

This issue brief is the second in a three-part series, prepared in conjunction with the KPMG Government Institute, on aspects of Integrated Services Delivery, providing cross-state perspectives, discussing key trends, and offering leading practices on HHS delivery integration in the following areas:

- **Integrated channel management (Part 1)** – Establishing customer service options across multiple channels, including in-person office locations, electronic portals, call centers and interactive voice response systems, mobile-device applications, and community partner locations.
- **Integrated client and case management (Part 2)** – Identifying common service delivery capabilities such as client information management, case management, and establishing common processes and data management approaches to reduce duplication and enhance service quality.
- **Integrated back-office management (Part 3)** – Identifying common management functions such as business partner contract management, information verification, or electronic benefits transfer (EBT) financial management, and developing common processes and technical interfaces that can be collectively leveraged.

This second paper in the series focuses on integrated client and case management, highlighting the opportunities that states have to implement foundational business processes and technology enablers that achieve administrative efficiencies as well as support improved client outcomes, by providing the capabilities to meet the holistic needs of a client or applicant.

[1] In particular, the promulgation and extension of the A-87 Cost Allocation Waiver, the National Human Services Interoperability Architecture (NHSIA), and the HHS Administration for Children and Families (ACF) Interoperability Initiative, all discussed later in this brief.

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Integrated client and case management – streamlining client support

It has long been a point of significant frustration for those who may qualify for support from multiple HHS programs that they have to provide the same information over and over to each case worker helping them through a separate set of processes. *(See sidebar for a description of integrated services delivery).*

Integration of case management activities can take many forms in accordance with different strategies. Developing a road map that targets incremental levels of integration across programs over time will depend on a state's vision, objectives, priorities, and current capabilities.

Level 1: Case information sharing across programs

One of the foundational capabilities that enables integration of case management functions is the sharing of client and case information across programs. Among the full complement of data required for each program to operate, there is a subset of common data requirements that is shared between programs, such as identity, demographic, and financial information. Each instance that a program newly requests or verifies information already known about an individual or family represents a lost opportunity for improved efficiency and service delivery quality.

While core case information requirements are very similar across many programs, data sharing is often restricted through layers of policy that limit what information can be shared. Additionally, achieving a level of systems integration between the IT applications that use and store client data is complex and requires a level of sophistication to accomplish. Addressing these barriers, however, can enable the ability to share validated personal data across programs more seamlessly and effectively.

Level 2: Single view of the client

The next step beyond simply sharing client information to support separate program activities is to actively use shared client data to make better overall decisions about how to manage a case within the context of each program. Having a single view of the client provides program administrators the ability to identify what other programs that individual may already be enrolled in, or has been a recipient of in the past. Benefits of this insight can vary between the goals of each program.

What is integrated services delivery (ISD)?

ISD includes increasing the coordination of operations within the health and human services system. The overall aim is to improve efficiency and client outcomes by reducing redundancies that exist between programs. Several key drivers are advancing this goal of service integration:

- **Service fragmentation.** Federal and state policy incentives, as well as increasing citizen expectations for government efficiency and effectiveness, mean it is no longer acceptable for agencies to operate with hard-to-navigate programs, lack of coordination and information sharing, and organizational silos.
- **Client needs.** Aging populations, increasing numbers of people needing help and increasingly complex client needs mean that services can no longer be delivered in isolation.
- **Technology.** New technologies are available to improve service delivery for agencies, which also must meet client expectations for using technology to access services.
- **Budget constraints.** Agencies must continue to streamline operations and help staff work more efficiently and effectively within limited growth or declining budgets.

Some examples include:

- More easily identifying the full spectrum of benefit programs such as Medicaid, SNAP, TANF, and WIC that a client may be eligible for
- Supporting program integrity objectives by more easily identifying potential fraud, waste, and abuse by both individuals and providers
- Facilitating cross-program dependencies such as identifying Medicaid eligibility or enrollment status for noncustodial parents involved in Child Support Enforcement programs
- Identifying cross-program eligibility triggers such as allowing Medicaid programs to seamlessly track foster care and adoption status through Child Welfare program case data

By establishing a single 360° view of an individual's status across HHS programs, all programs ultimately benefit and can more effectively provide the most appropriate level of service. This will allow case workers to shift the conversation with a client from manual, time-consuming data-gathering, to discussions about the "root cause" of why the client needs assistance. It can also provide case worker access to information and services available to help address that root cause to support self-sufficiency.

Level 3: Shared case management services

Beyond sharing and contextualizing information, HHS programs also have a significant opportunity to benefit from consolidating common individual case functions into a shared service. While the first paper in this integrated services delivery series identified integration of client channels, this type of business process integration can be extended to include functions such as document processing, client information verification, and eligibility determination, where a single organization can support a function such as eligibility determination across programs.

Creating shared services organizations has the potential to create more significant operational benefits, as common activities can be performed once by a dedicated group of staff who support multiple programs and/or agencies. By defining clear service level accountabilities, these groups can focus specifically on operational excellence on their defined functions, while overall case management accountabilities remain with the program. Identifying and defining shared service functions can also facilitate evaluation of business process outsourcing opportunities to external entities within or outside state government, for those states considering this strategy.

Shared services can be especially effective when considering a move from case-based assignments to task-based assignments. Case-based assignments are used when a case is assigned to a worker for all tasks associated with that case, while task-based assignments are made to a worker for a specific task across multiple cases (e.g., intake). While transitioning from the former to the latter can sacrifice comprehensive case knowledge for task specialization and efficiency, leveraging workflow software to assign specific case tasks can balance workload among active staff, and can assist in achieving improved performance and shorter response times.

Level 4: Comprehensive case management

Beyond the integration of individual case *functions* across programs is a broader level of integration of case *management* responsibilities across programs. The goal of this level of integration would be to provide a more tailored level of support for populations in need, by organizing and aligning case management activities across programs. Coordinating case decisions can be accomplished through a variety of different models, such as identification of a cross-program case manager among participating programs, or establishing a team of cross-functional case managers who are specially trained to organize and coordinate services across the HHS domain.

While this level of integration may not be necessary for all clients of all programs, the most at-risk and highest need populations are responsible for a disproportionate percentage of public HHS spending, and therefore may warrant a level of case management that can help reduce overall costs and improve client outcomes. Making better decisions and providing more holistic services goes beyond improving outcomes to these individuals; it can also reduce the state's financial burden of caring for them as well.

Benefits

Integrated case and client management provide states with the potential to realize both qualitative and quantitative benefits. Among them are:

- Single source of authoritative client information that could be sharable between programs and reduce the need to perform certain verification processes at a program-specific level
- Reduced duplicative, repetitive processes between programs
- Improved case decision making based on a more holistic view of the client
- Increased worker efficiency due to less inputting and re-inputting of data into systems by workers
- Cost and business-process efficiencies through shared automation (e.g., leverage common case management tools across programs with role-based access)
- Reduced paper-based processing costs associated with printing and storing multiple program applications by transitioning to a single streamlined application
- Increased access to benefits across HHS programs for eligible clients
- Enhanced reporting and audit capability

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How to implement integrated client and case management?

In order to implement integrated client and case management, states will need to reassess their case management vision, goals, and objectives. This will require redefining their future-state Target Operating Model (TOM), which defines how a state will deliver programs and services to clients, including the business functions and technology enablers that are needed to support program and services delivery.

States can do this by executing the following steps:

1. **Establish a case management strategy.** This process will involve identifying what levels of integration are to be targeted for case management functions across programs.
2. **Design an integrated case management operating model.** Once the strategy has been established, the operating implications of that direction must be considered. Operations can range from sharing common case data and technologies on one end of the spectrum, to establishing integrated organizational units of case managers and support staff who are cross-trained to support multiple programs, on the other. For any shared business capabilities, high-level plans need to be supported with more detailed process designs that consider a variety of client scenarios.
3. **Develop an overall implementation strategy and plan.** Changes to such fundamental service delivery capabilities are likely to require a mix of business and systems changes. These projects must be planned and sequenced appropriately based on dependencies and constraints for the success of each step. Such a plan would include an Organizational Change Management (OCM) strategy to assist state and local stakeholders in adapting to the new business processes, organizational structure realignment needs, and technologies is critical to the overall success of the future-state TOM.

4. What resources are available from the Federal government to help enable integration?

The Federal government offers a number of resources to assist states with enabling integration.

— **The Office of Management and Budget (OMB) A-87 Cost Allocation Waiver** allows certain human services programs to benefit from business and technical capabilities developed for Medicaid at an enhanced Federal Financial Participation (FFP) rate of 90/10, including allowable shared services to implement business process efficiencies and case management functions. The A-87 Cost Allocation Waiver allows other HHS programs to benefit from technologies implemented to support Medicaid eligibility determination, referred to as allowable shared services. For example, at the enhanced FFP, a workflow management tool which could be utilized to support task-based case management, and a common client index to support a single view of the client.

— **The Administration for Children and Families (ACF) National Human Services Interoperability Architecture (NHSIA)** is a framework to facilitate information sharing, improve service delivery, prevent fraud, and provide better outcomes for children and families. NHSIA includes eight (8) high-level categories, with the following categories that assist in enhancing client and case management capabilities:

  – Nationwide Access to Systems and Data

  – Electronic Workflow

  – Multi-Program Eligibility Determination

  – Integrated Service Management

— **ACF's Interoperability Initiative, including the Interoperability Toolkit.** The Interoperability Toolkit was developed to help jurisdictions successfully navigate the delicate balance between privacy and security with the delivery of efficient and effective services. The Interoperability Toolkit analyzes, explains, and aids states and local jurisdictions in the navigation of a number of federal laws that impact the implementation of human services. The Interoperability Toolkit provides data sharing guidance to states across programs to support case information sharing across programs.

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Summary

For many citizens, a state's health and human services are critical resources to help them maintain an acceptable quality of life. States are looking for ways to make the delivery of these vital services easier and more efficient for these residents. Integrated services delivery, the coordination of operations within the human and social services system, is an effective means to achieve that goal.

Integrated case and client management, and the opportunities identified in this paper, create a foundation to enable states to focus on enhancing client outcomes.

Next in our series

The next paper in our series on the trends and practices of integrated services delivery will address the topic of integrated back-office management. While back-office integration carries less visibility than the other two integration strategies, these support tasks are often the source of considerable duplication, expense, and frustration. This practice aims to improve overall efficiencies through increased sharing of common support processes such as financial management, managing contracts and relationships with partners, and establishing common processes and data interfaces to collect data.

Part 1: Integrated channel management	Part 2: Integrated client and case management	Part 3: Integrated back office management
Establishing shared customer service and contact management across multiple channels, including in-person office channel, electronic portal channels, call center & IVR contact, mobile device interfaces, and potentially in-person partner channels	Identifying common service delivery capabilities, such as client information management, case management and establishing common processes and data management approaches to reduce duplication	Identifying common management function, such as partner contract management, information verification, or EBT financial management, and developing common processes and technical interfaces which can be commonly leveraged

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About KPMG's Health and Human Services practice

KPMG leverages a global network of highly experienced HHS professionals from across a wide range of functional service areas to deliver tailored and practical solutions to our firms' local clients. Our teams have strong skills and deep knowledge in modernizing service delivery models, harnessing data analytics, and improving program outcomes. In helping states transform their HHS delivery models, KPMG can implement KPMG's Enterprise Reference Architecture (KERA) for Health and Human Services. KERA represents a single, cohesive, and comprehensive reference architecture that aligns the various streams of federal guidance and regulations that a state must follow if it is to undertake an integrated service delivery modernization initiative and meet the requirements of the CMS Seven Standards and Conditions. KERA aligns and is integrated with the relevant federal reference architectures, including:

- Exchange Reference Architecture (ERA)
- National Human Services Interoperability Architecture (NHSIA)
- Medicaid Information Technology Architecture (MITA) 3.0

About the KPMG Government Institute

The KPMG Government Institute was established to serve as a strategic resource for government at all levels, and also for higher education and not-for-profit entities seeking to achieve high standards of accountability, transparency, and performance. The institute is a forum for ideas, a place to share leading practices, and a source of thought leadership to help governments address difficult challenges such as effective performance management, regulatory compliance, and fully leveraging technology.

For more information, visit us at www.kpmg.com/us/governmentinstitute.

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