STATE OF MICHIGAN
DEPARTMENT OF HUMAN SERVICES
LANSING

RICK SNYDER
GOVERNOR

MAURA D. CORRIGAN
DIRECTOR

June 28, 2013

The Honorable Bruce Caswell, Chair
Senate Appropriations Subcommittee on DHS
Michigan State Senate
Lansing, Michigan 48933

The Honorable Peter MacGregor, Chair
House Appropriations Subcommittee on DHS
Michigan House of Representatives
Lansing, Michigan 48933

Dear Senator Caswell and Representative MacGregor:

Attached is a report detailing the Department of Human Services' (DHS) response to boilerplate Section 1207 of PA 200 of 2012 requiring the department to implement a Lean process at two local offices to increase the efficiency of Medicaid (MA) eligibility determination. DHS contracted with Charactership Lean Consulting Inc. from February 28 through June 30, 2013 as a response to this boilerplate requirement. The following results are put forth based on a seven-stage Lean Rapid Improvement Event protocol, engaging a variety of DHS employees to rethink and re-engineer several MA eligibility determination processes.

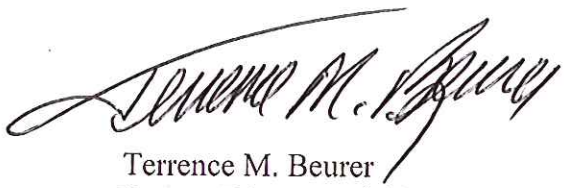
There are three major areas that are substantial barriers to Standard of Promptness (SOP) performance for MA eligibility determination. They are: 1) the lack of needed medical knowledge information exchange between the local DHS offices and the Medical Review Team (MRT) unit within Disability Determination Services (DDS), 2) the lack of the SOP as a shared measure of performance throughout DHS (including MRT), and 3) duplicative processes that could be streamlined.

Three solutions to be deployed with current resources beginning in July 2013 should impact the SOP beyond the required 15-day reduction. They are: 1) the use of MRT specialization at the local DHS offices (beginning July 2013), 2) the clearing of the MRT backlog (beginning July 2013), and 3) the elimination of duplicated services through DDS parallel processing of MA eligible applications (beginning January 2014). In addition, there are several smaller, but equally important solutions that are in various stages of deployment, including improving training and communication, using better knowledge management techniques and developing the capacity of the integrative software system that runs the DHS MA application processes, to name a few.

The next stage of work involves continuing the RFP with Charactership Lean Consulting Inc. beginning July 1, 2013 through April 30, 2014 to fully deploy and scale statewide the three imminent projects described earlier, the local office MRT specialization, clearing the MRT backlog and DDS parallel processing.

What this Lean improvement work has demonstrated is that the Department of Human Services has the readiness, propensity and capacity to greatly improve operations and prove its viability within competitive management initiatives. The attached report details what has been accomplished to date and what is slated for the next year for our Medicaid eligibility determination process through the use of Lean process improvement. It is with confidence, therefore, that this complete report is submitted to you.

Sincerely,



Terrence M. Beurer
Deputy Director, Field Operations Administration

cc: Senate and House Appropriations Subcommittees
Senate and House Standing Committees on Families and Human Services
Senate and House Fiscal Agencies
Senate and House Policy Offices

FINAL REPORT
STATE OF MICHIGAN
Department of Human Services
DHS-Procurement
Proposal No RFP-BF-2013-002
Medicaid Eligibility Determination

June 30, 2013

Submitted to:
Terrence M. Beurer
Department of Human Services Deputy Director
Director of Field Operation Administration

Lisa Listman
Administrative Assistant

Submitted by:
Shannon Flumerfelt, Ph.D.
Charactership Lean Consulting Inc.
shannonflumerfelt@gmail.com
(248)495-4312

Table of Contents

Executive Summary

The State of Michigan issued a boilerplate in 2012 that called for a 15-day reduction in the Standard of Promptness for the Medicaid (MA) Eligibility Application Process from the Department of Human Services (DHS) using lean tools and tenets. RFP-BF-2013-002 was awarded from February 28, 2013, through June 30, 2013, to Charactership Lean Consulting, Inc. for this task.

A Lean Rapid Improvement Event (RIE) was selected by Charactership Lean Consulting Inc. as the seven-stage venue to accomplish this:

Seven Stages of Work for DHS Lean Rapid Improvement Event

I. Scoping (14 days of work site process observation with 39 field interviews),
II. Lean Orientation and Piloting I (one day of Lean thinking and tool training at two sites with 30 participants and one day of piloting),
III. Current State Analysis and Value Stream Mapping (two days of collaborative work at two sites with 28 participants),
IV. Kaizen and Future State Analysis and Value Stream Mapping (two days of collaborative work at two sites with 28 participants),
V. Piloting II (four days of demonstration projects at five sites with 17 pilots),
VI. Action Planning (two days of collective work at two sites with 28 participants) and
VII. Final Kaizen and Reporting (three hours of collaborative work at one site with 25 participants and final report preparation).

During the RIE, there were increasing improvement results generated against the target condition of the 15-day MA SOP reduction using six lean tools and concepts. A prioritized comprehensive list of 13 options, ranging from high impact/high ease deployment to medium impact/medium ease deployment were identified and piloted as relevant, doable, and measurable changes. These recommended

improvements were suggested in two deployment phases, Phase One with a July 2013 start and Phase Two with a January 2014 start. Improvement projects 1, 2, and 10 (bolded) alone can each potentially improve the SOP by the 15-day target condition and are critical.

Phase One July 2013 Start, MA 15-Day SOP Reduction

1. **Local Office MRT Specialization: 15-Day SOP Reduction Potential**
2. **Breaking the MRT Backlog: 15-Day Reduction Potential**
3. EDM Hybrid Rollout: 5-Day SOP Reduction Potential
4. Preparing the Client: 2-Day SOP Reduction Potential
5. Expediting Possible MRT Cases: 5-Day SOP Reduction Potential
6. Managing Knowledge: 15-Day SOP Reduction Potential
7. Hearing Enforcement: Indirect SOP Impact
8. Third Party Relationships with Electronic Processing 2565: Indirect SOP Impact
9. Reduction of FEE Referral Rejections: Indirect SOP Impact

Phase Two, January 2014 Start, MA 15-Day SOP Reduction

10. **SSA, DDS Parallel Processing: 15-Day SOP Reduction Potential**
11. MRT Medical Consultant Telework: 3-Day SOP Reduction Potential
12. MRT Single Decision Makers: 4-day SOP Reduction Potential
13. BRIDGES Optimization: 15-Day SOP Reduction Potential

Action planning was conducted for all 13 improvements with Projects 1, 2, and 10 carefully vetted through two rounds of zero-defect thinking and implementation steps. It is with collective confidence, therefore, that the RIE participants, DHS, and Charactership Lean Consulting Inc. present these findings as a solution to the 15-day MA SOP reduction.

Background

In 2012, a State of Michigan legislative boilerplate was issued that called for a 15-day reduction in the Standard of Promptness for Medicaid (MA) Eligibility Determination through the use of various lean tools and thinking. It is believed that lean was selected to ensure a 15-day reduction because of its growing use within the public sector. Lean is a proven philosophy and toolkit within other sectors, one that is known for its ability to unravel complications and constraints for better stakeholder value, to eliminate waste for desirable operating metrics, and to improve outcomes through enhancements in paradigms and tasks of work.

Overview of RFP BF-2013-002

This legislative boilerplate resulted in the Michigan Department of Human Services' (DHS) procurement in 2013 of Proposal No. RFP BF-2013-002 Medicaid Eligibility Determination by contracting with Charactership Lean Consulting, Inc. from February 28 through June 30, 2013.

Medicaid determination programs have been designed around different eligibility criteria. These include pregnancy, refugee assistance, state disability, and medical disability. Each of the criteria have different Standards of Promptness (SOPs) for eligibility determination which may change over time as policy changes. For instance, according to the SOP for MA applicants is 15 days. This was changed from 10 days with

BRIDGES Administrative Manual 2010-009 (effective 5-01-2010). Similarly, the SOP for MA categories in which disability is an eligibility factor, the SOP was 60 days before April 1, 2008, and is now currently 90 days (Program Policy Bulletin 2008-004, effective 4-1-2008, currently referenced within BRIDGES Policy Bulletin 2208-001, effective 8-01-2008). Since the MA eligibility for disability is the most difficult MA process, it was selected as the focus area for this proposal. Any future references to MA or MA Eligibility Determination refer the MA category in which disability is an eligibility factor. The goal of this proposal, therefore, was to reduce the MA eligibility from 90 days to 75 days, a 15-day reduction.

The MA Eligibility Determination Process has four critical stakeholders, each representing particular perspectives. The first stakeholder, the Michigan taxpayer, is interested in a streamlined and accurate method for MA Eligibility Determination. The second stakeholder, the Michigan Medicaid recipient, wants a user-friendly and efficient protocol for MA Eligibility Determination. The third stakeholder, the Department of Community Health, is focused on a policy-compliant and thorough process for MA Eligibility Determination. The fourth stakeholder, the Department of Human Services, is interested in a high-quality and optimized system of MA Eligibility Determination. Over the years, the MA Eligibility Determination Process has been changed in response to shifts in government oversight, policy revisions, societal demand, budget variances, case law and other issues. Therefore, the MA Eligibility Determination Process is in a unique state of being quite

complicated while in a state of flux due to demands and expectations from various stakeholders.

The Lean Rapid Improvement Event

From February 25, 2013, through June 30, 2013, a Lean Rapid Improvement Event (RIE) was used to reduce the SOP by the 15-day requested amount. The Lean RIE was facilitated by Dr. Shannon Flumerfelt of Charactership Lean Consulting Inc., coordinated by Ms. Lisa Listman, Administrative Assistant Field Operations Administration, and attended by vertical employee teams from the Genesee Clio Road DHS Office (six employees), the Clinton County DHS Office (six employees), the Medical Review Team at the Disability Determination Services Office (six employees), the Self-Service Processing Center for DHS (one employee), and DHS Field Operations Administration (eight-eleven employees).

The Lean RIE is a specific type of protocol for quick process change as opposed to gradual process change. All Lean tools hinge on two major precepts, respect for people (the larger tenet) based on collective work and continuous improvement (the smaller tenet) based on constant problem identification and solution. The two tenets are typically implemented through small, incremental change over time, a practice known as gradualism (sometimes called Kaizen). The protocol for the Lean RIE, however, encumbers these two tenets, respect for people and continuous improvement, but these are implemented with immediacy and precision (known as Kaikaku) as opposed to gradualism. However,

Kaizen can also be embedded in the RIE or Kaikaku, as was done in this case. Kaizen was used twice to ensure the use of zero defect thinking in the solutions presented.

In order for a Lean RIE to be successful, therefore, careful and skillful planning and preparation is needed in the first stages of work, followed by quick problem solving, piloting of doable solutions and then finalizing solutions for long-term use. This was done during the Rapid Improvement Event protocol and with a culminating Kaizen Event, a chance to revisit and refine through gradualism the Kaikaku approach and pace held through most of the RIE.

To accomplish this, the Lean RIE at DHS for the Medicaid Eligibility Determination process reduction by a 15-day SOP consisted of seven stages of work. These stages of work took place at the Genesee and Clinton field offices and other DHS work sites. These seven stages were: 1) Scoping (14 days of work site process observation with 39 field interviews), 2) Lean Orientation and Piloting I (one days of Lean thinking and tool training at two sites with 30 participants and one day of piloting), 3) Current State Analysis and Value Stream Mapping (two days of collaborative work at two sites with 28 participants), 4) Kaizen and Future State Analysis and Value Stream Mapping (two days of collaborative work at two sites with 28 participants), 5) Piloting II (four days of demonstration projects at five sites with 17 pilots), 6) Action Planning (two days of collective work at two sites with 28 participants)

and 7) Final Kaizen and Reporting (three hours of collaborative work at one site with 25 participants and final reporting).

Most of the same participants continued throughout the entire RIE, from Scoping through Final Kaizen. Following the Scoping, the RIE participants continued to apply their Lean Orientation training over the next series of stages of the RIE in two ways: 1) by identifying individual projects that they could tackle immediately that could impact the 15-day SOP reduction target and 2) by working collaboratively to create a comprehensive interagency solution.

From Stage Two, Lean Orientation through Stage 6, Action Planning, the RIE participants' accuracy and confidence ratings on were tracked. The self-reported results indicated increasing levels of mastery of six lean tools and concepts. The *tools* of lean fared well with an initial goal of 60% and a final goal of 90% confidence in use and accuracy of understanding. The RIE participants obtained an initial average of 61% and a final average of 89%. The *concepts* of lean fared better with an initial goal of 60% and final goal of 90% confidence in use and accuracy in understanding. The RIE participants obtained an initial average rating of 72% and a final average rating of 92% (Table 1).

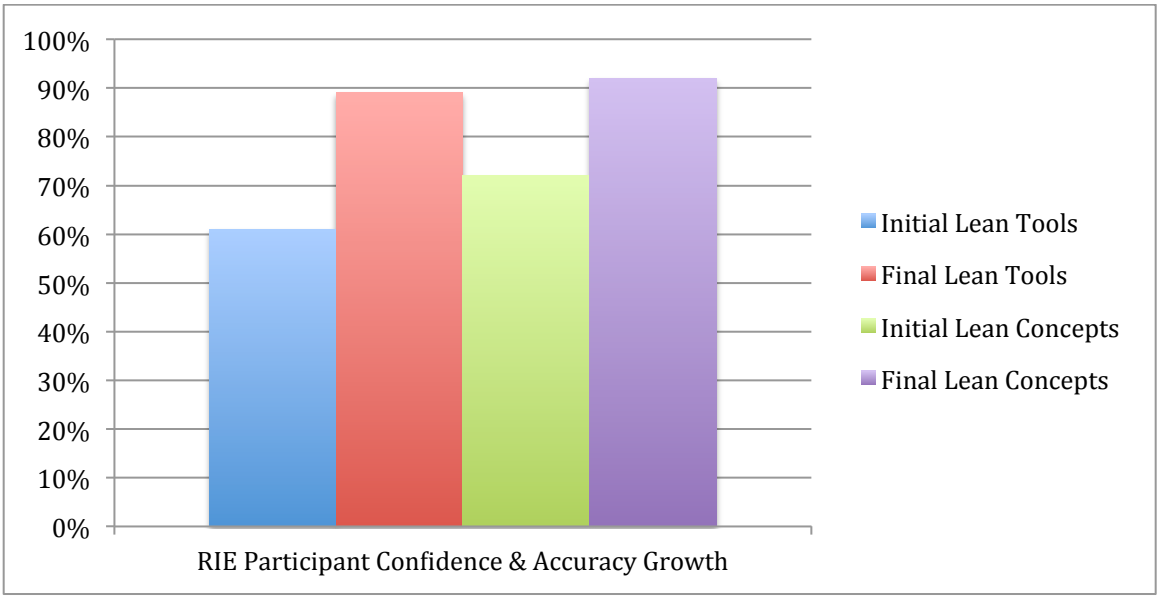


Table 1. RIE Participant Confidence & Accuracy Growth with Lean

In addition, final open-ended qualitative responses on the RIE experience were solicited from participants indicating that a very positive, highly valued inclusive teamwork activity had occurred (see Appendix A for all comments). For instance, one participant stated that lean process improvement was a solid strategy, "I thought that the lean process was a very useful way to pinpoint areas that could benefit from waste elimination." Another one reported that work was viewed differently after the RIE, "This was definitely an eye opening experience. It appears that there is a lot of parallel processing waste identified." And a third participant described the impact of this RIE as, "Huge value to have an independent (outside) review of our current processes. I believe that collaborative ideas and concepts shared will benefit all parties involved. Too often processes are completed just because of previous precedent—the LEAN process has opened many eyes." In addition, a few participants commented that more whole group sharing

was needed during the RIE. In response to this critique, a Stage 7 Kaizen was added to Reporting and scheduled one month later for all RIE participants interested in attending. The Stage 7 Kaizen allowed for both cohorts to see the combined results of their RIE contributions and to critique and improve it yet again.

These findings indicated that the overall quality of the RIE experience served to enable the outcomes of the RIE. This is significant since lean depends on employees to serve as the "eyes and ears" for problem identification and to solutions. In lean the process of problem solving is as highly important as the results of problem solving. It appeared that the facilitation of the RIE itself as a process of problem identifying and solving presented no barriers to arriving at doable, realistic solutions to the 15-day Medicaid Eligibility Determination SOP reduction.

The Setting for the Lean Rapid Improvement Event

The success of the RIE process was not limited to the RIE itself, but also extended to the setting at DHS for the Lean Rapid Improvement Event (RIE). The DHS setting was conducive to improvement because it had three critical elements for success: organizational readiness, strategic importance and communication structures.

The first element, organizational readiness, was highly evident in the level of engagement and desire to attain the 15-day SOP reduction by the RIE participants. Several additional pilots and improvement projects were underway at the time of the RIE, and in some cases, these

projects were labeled as lean improvement work during the RIE. Some significant examples are the Electronic Document Management (EDM) system rollout, MI-BRIDGES and lobby navigation services for clients applying online, and medical review team specialists working directly at the client point of service in hospitals, to name a few. These projects were indicative of high levels of organizational readiness for the RIE.

The second element, strategic importance, was also highly evident in the language of the legislative boilerplate and in the strong support from the Deputy Director's office to engage in finding a quality solution using Lean. The high volume production environment of DHS continued on during the tenure of the RIE. This required extra effort by management and workers to ensure that services and operations were not interrupted during it. The strategic importance of the RIE, therefore, was realized.

The third element, communication structures, was highly evident from the responsiveness up and down the organizational to the improvement work at hand in terms of answering questions and facilitating conversations. During RIE work, responsiveness to unforeseen issues was needed. Willingness to communicate, even at unscheduled meetings was proof of the use of communication structures to support the work. Within this strong setting for continuous improvement, the RIE took place. Each of the seven stages of the RIE are described next along with critical findings obtained.

The Lean Rapid Improvement Event Scoping, Stage One

The first stage of the RIE involved Scoping. Scoping was necessary in order to perform adequate due diligence with the various offices to open lines of communication by listening and inquiring, to prepare for the next stages of the RIE through observing and discussing selected key activities, and to properly understand the context of the improvement work through learning and applying. In lean vernacular, this is known as Plan activity, the first step in the continuous improvement cycle of Plan-Do-Check-Adjust. Plan activity sets up a common theme for improvement work, establishes the background for the work, sets out the current condition of the process under study and focuses on a statement of the problem.

Description of the Lean Rapid Improvement Event Scoping, Stage One

From February 28, 2013, through April 23, 2013, a series of on site process observations and field interviews took place at the various Genesee, Clinton, and Lansing offices with 39 employees, representing different functional responsibilities and levels of responsibility in relation to the Medicaid Eligibility Determination Process and related services. During the process observations, Dr. Flumerfelt and a Field Operations Administration Analyst watched work being performed, literally peering over the shoulder of the employees and discussing the work tasks, flows, and other issues at work stations. During the field

interviews, Dr. Flumerfelt invited a cross section of employees to individual and confidential interviews at the work site in a secured area. A semi-structured interview protocol was used with open-ended questions (see Appendix B). The RIE Scoping produced interesting findings that provided insight into the themes of work, background issues, the current condition and suggestions for statements of problems. The Theme, Background, Current Condition and Statement of the Problem are described next and are presented within the context of the RFP calling for the target condition of a 15-day reduction in the SOP for Medicaid Eligibility Determination.

Findings of the Lean Rapid Improvement Event Scoping, Stage One

The Theme of work that emerged from Scoping at the local offices, the Medical Review Team Unit, and Field Operations Administration, was widely shared as, "We Believe in Quality Client Service." This Theme was evident in prompt servicing of clients present or online through a variety of application options; clean, friendly offices; speed of application processing through technology and worker attention to timelines; and an ethic of care expressed at all sites.

The Background issues that surfaced from Scoping at the local offices, the Medical Review Team Unit, and Field Operations Administration were highly varied. The background issues included: 1) administration of complex and complicated programs using integrated cases, 2) decision making around shifting and competing priorities, 3) increasing and large caseloads for workers averaging 457 per worker,

4) difficulties with BRIDGES integrative software, 5) transitioning to internal electronic document management (EDM) and external MI-BRIDGES for client online self-service, 6) managing to the SOP except within the Medical Review Team Unit, 7) rolling out of Business Service Centers to interface with local offices, and 8) uncertainty over the pending Healthcare Exchange.

The Current Condition sets out the overall process of MA Eligibility Determination. This process tended to run 60 days to 180 days, but in some cases could be much longer. The SOP for this process was 90 days currently under policy, with the legislative boilerplate calling for a 15-day SOP reduction to 75 days. The 90-day SOP was not met 3-19% of the time. Therefore, understanding the current condition to get it to the 90-day SOP with 5% variance, plus reducing it by 15 days with 5% variance, was at hand. In addition, this process was a series of steps that largely run parallel to the Federal Supplemental Security Income (SSI) Program (Chart 1).

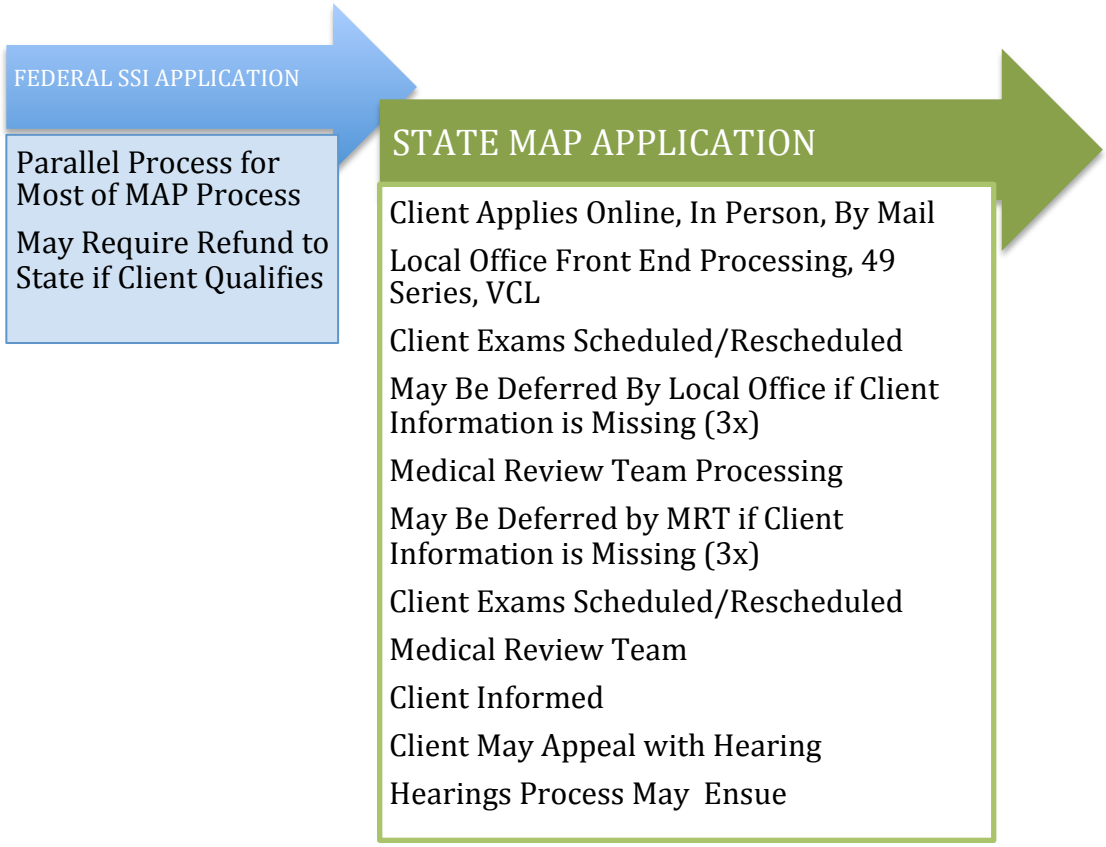


Chart 1. General Description of State MAP Application

The Current Condition revealed shortfalls that existed from Scoping at the local offices, the Medical Review Team Unit, and Field Operations Administration. These gaps fell into nine categories: 1) the lack of systemization of programs and processes; 2) the lack of communication between and among various operations and offices; 3) the lack of quality technological solutions for increasing efficiency; 4) the common use of workarounds, waiting, allowing backlogs to mount, and passing along errors; 5) large variances in work flow, work standards, decision making, the degree of the ethic of care and employee expectations; 6) the lack of data driven decision making, useful report generating, and

visual management tools to track performance; 7) the lack of shared measures of performance for all offices and operations around the SOP; 8) a lack of vetting and preparing for key processes, such as client eligibility application and client hearing application; and 9) a lack of quality employee development, training, retention and knowledge sharing.

The Statement of the Problem that emerged from the Scoping at the local offices, the Medical Review Team Unit, and Field Operations Administration was that there is a *lack of ability to meet the current SOP of 90 days because there is a need for quality systemization of work processes surrounding Medicaid Eligibility Determination*. Fortunately, this is a problem that can be solved using lean thinking and tools. As described earlier, the 90-day SOP is not the Target Condition called for, but a 75-day SOP is. Nonetheless, the need for process improvement to hit the 75-day SOP, a 15-day SOP reduction, was a realistic goal using lean.

One of the critical issues of framing this problem is not to focus on "blaming people or things," but to "learn to see waste." By using process improvement and developing a culture of continuous improvement to continue solving problems, this was possible. RIE participants were instructed not to blame but to solve problems within their auspices.

As noted in the Theme above, the employees involved in the RIE Scoping were very passionate about their work and committed to it. They

worked hard and cared a lot. As the RIE moved into its next three stages of Lean Orientation, Current State Value Stream Mapping, and Kaizen and Future State Value Stream Mapping, this Statement of the Problem was explored and addressed through collaborative work by the local offices, the Medical Review Team Unit and Field Operations Administration.

Summary of the Rapid Improvement Event Scoping, Stage One

In summary, the RIE Stage One Scoping involved 39 employees over a one-month period and revealed the following Plan elements:

1. Theme: "We Believe in Quality Client Service"
2. Background: Eight significant issues were in play involving the motivation, creation and design of programs within the context of the pending Healthcare Exchange using lower SOPs with decreasing budgets, increasing workloads, and the need for better and more technological and social capital solutions.
3. Current Condition: Nine causal shortfalls existed involving the lack of quality inputs with employee development, knowledge sharing and standards of work; the lack of quality processes with variances in most aspects of work and processes of work; and the lack of quality outputs in shared results and problem solving. These problems resulted in the Medicaid Eligibility Determination taking as long as 230 days under a 90-day SOP.
4. The Statement of the Problem: The SOP, whether it is the 90 day policy-based SOP or the recent 75 day legislative boilerplate-

based SOP, was not met because of a lack of quality systemization of work around Medicaid Eligibility Determination.

The next phase of the RIE, Lean Orientation and Piloting was designed to solve these problems. The next section describes what occurred.

The Lean Rapid Improvement Event

Lean Orientation and Piloting I, Stage Two

The second stage of the Lean RIE, Lean Orientation and Piloting I, is an immersion experience in lean tools and concepts, requiring learning, simulation and application. Since lean is somewhat intuitive, the participants were able to relate readily to the training, which is typical. Throughout the Lean Orientation and Piloting I, participants were instructed to consider all constraints to the 15-day MA SOP reduction, but to focus on those within their own control with one-day pilots. This is known as a focus on Type I waste in lean, the elimination of constraints that one can deal with immediately.

Description of the Rapid Improvement Event Lean Orientation, and Piloting I Stage Two

The RIE Lean Orientation and Piloting I was a full-day training on four lean tools and concepts followed by a one-day pilot. The lean tools and concepts were: 1) Concept Maps and Learning to See; 2) The Ishakawa Diagram and Cause and Effect; 3) The Five Whys and Root Cause Analysis; and 4) The A3 and the Plan-Do-Check-Adjust Continuous Improvement Cycle. Two additional lean tools and concepts were added during Stages Three and Four, of Current State Value Stream Mapping and Kaizen with Future State Value Stream Mapping. These two additional tools and concepts were: 5) The Value Stream Map and Understanding Value and Waste and 6) Kaizen and Engaging Zero Defect Thinking. Rubrics for the six lean tools are in Appendix C. Each

of these lean tools are described in later chapters as they were used during the various stages of the RIE.

There were two cohorts for the RIE, one at Genesee with 18 participants and one at Clinton with 12-15 participants. There were two training sites used for the Lean Orientation through the Action Planning stage of the RIE, the Genesee Clio Road Regional Training Room and the Clinton County Office Conference Room. A total of 30-33 employees from vertical and horizontal layers related to Medicaid Eligibility Determination attended. There was representation from the two local offices (Genesee and Clinton), the Medical Review Team Unit, and Field Operations Administration who participated in the Lean Orientation through the Action Planning.

The cohorts met every other day from the Lean Orientation and Piloting I, Stage Two, through the Kaizen and Future State Mapping, Stage Four. Each cohort operated independently for the Lean Orientation and Piloting I, Stage One. But as the RIE progressed into the other stages, findings from each cohort were discussed and shared.

In addition, the Lean Orientation and Piloting was supported by individual and small group improvement projects related to the 15-day reduction in Medicaid Eligibility Determination. Immediately following the Lean Orientation, 17 improvement pilots were launched. This was done to allow the RIE participants to test lean concepts at Gemba (the real place of work) and to add to the body of knowledge that the cohorts

needed to better understand the viability and implications of the SOP reduction. The one-day pilots were formulated using the lean tools and concepts learned. They had to be projects that would directly or systemically impact the SOP reduction target condition of 15 days and that were within the auspice of the RIE participant/process owners. Given that there was a wide range of participants with various levels of responsibility and function, the one-day pilot list was quite impressive. Some of these pilots carried into Piloting II in Stage Five. The pilots and the findings from Stage Two are described next.

Findings of the Rapid Improvement Event Lean Orientation, Stage Two

From the Genesee cohort, there were seven pilots. One was related to client preparation for Medicaid Eligibility by providing snapshots on the 49 Series of Forms and the Verification Checklist. Two were related to better data management with reporting on Medical Review Team pending application and a Disability Determination Services management dashboard. Two were related to training and communication improvement with the examination of ES Worker training on Medical Review Team protocols and the examination of the SSI Advocacy communication process. And the last two were related to internal communication and process improvements regarding the flagging of potential Medicaid applications for medical review at the local offices and expediting of deferred applications at the Medical Review Team Unit with communication back to the local office. The impact of these pilots was assessed against the 15-day SOP reduction

target. Four of the seven have potential to directly and immediately aid in the desired reduction, cumulatively hitting the 15-day SOP reduction target. These are the Client 49 Series and VCL Snapshots at the local office (1-2 days), the MRT Pending List at the local office (1-2 days), the MRT Deferral Pull at MRT (10-15 days), and the MRT Screen and Tag (Flagging) at the local office (1-2 days). The remaining three are significant in terms of impacting the systemic issues of related processes, but are counted as Non-assessed SOP impact. In other words, four of the seven pilots from the Genesee cohort, if implemented fully, have the potential to impact the required 15-day SOP reduction immediately (Table 2).

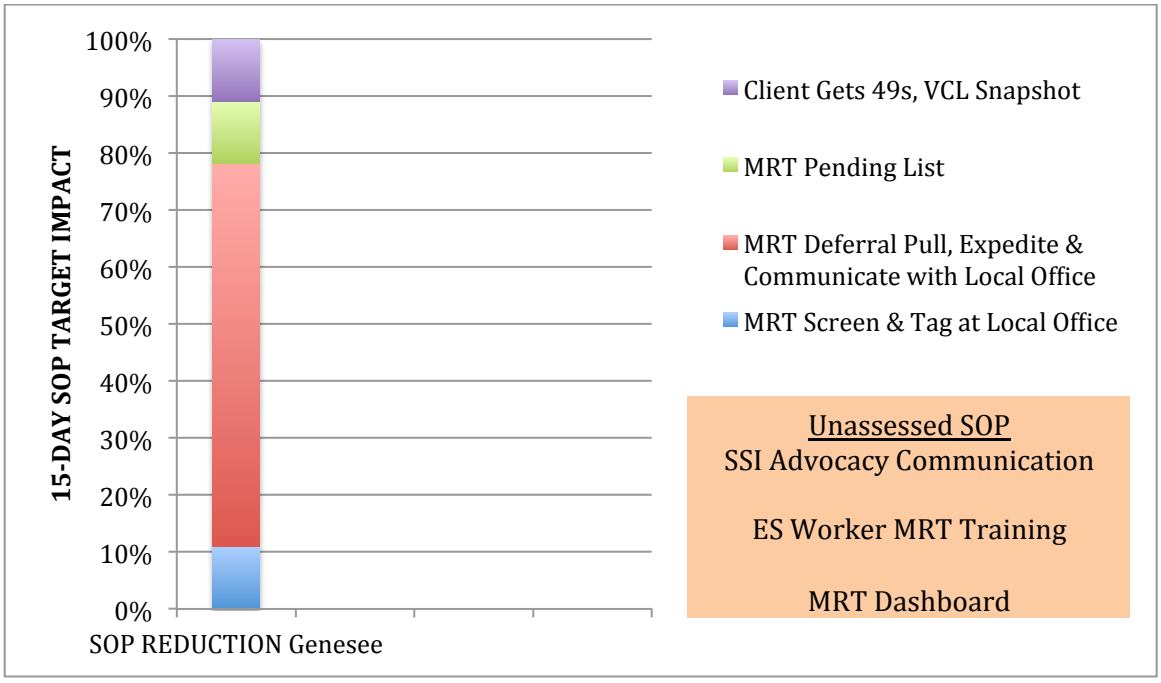


Table 2. Genesee Cohort RIE Lean Orientation Pilots and SOP Reduction

From the Clinton cohort, there were ten pilots. One was related to client preparation for Medicaid Eligibility by providing clients with the

Timeline reminders from the application. Three were related to better data management with monitoring of assignment of a case number (called breaking or flipping the "T") against the SOP, Hearings Tracking reporting, and ACCESS database capacity (previously started). Two were related to training with the examination of ES Worker training on SSI Advocacy and FEE training and processing. And the last four were related to internal communication and process improvements regarding the ES Worker getting the VCL in one day to the client, better EDM hybrid management, Hearing SOP reduction and cleanup on three-year old 2565 requests for payment at nursing homes. The impact of these pilots was assessed against the 15-day SOP reduction target. Four of the ten have potential to directly aid in the desired reduction, cumulatively hitting the 15-day SOP reduction target. These are the T Flip monitoring (9-15 days), the ES Worker one day VCL to client (2-4 days), the EDM hybrid management improvement (3-5 days), and the client Timeline reminders (1-2 days). The remaining six are significant in terms of impacting the systemic issues of related processes, but are counted as Non-assessed SOP impact or Non-assessed Other Improvement impact. In other words, four of the ten pilots from the Clinton cohort, if implemented fully, also have the potential to impact the required 15-day SOP reduction immediately (Table 3).

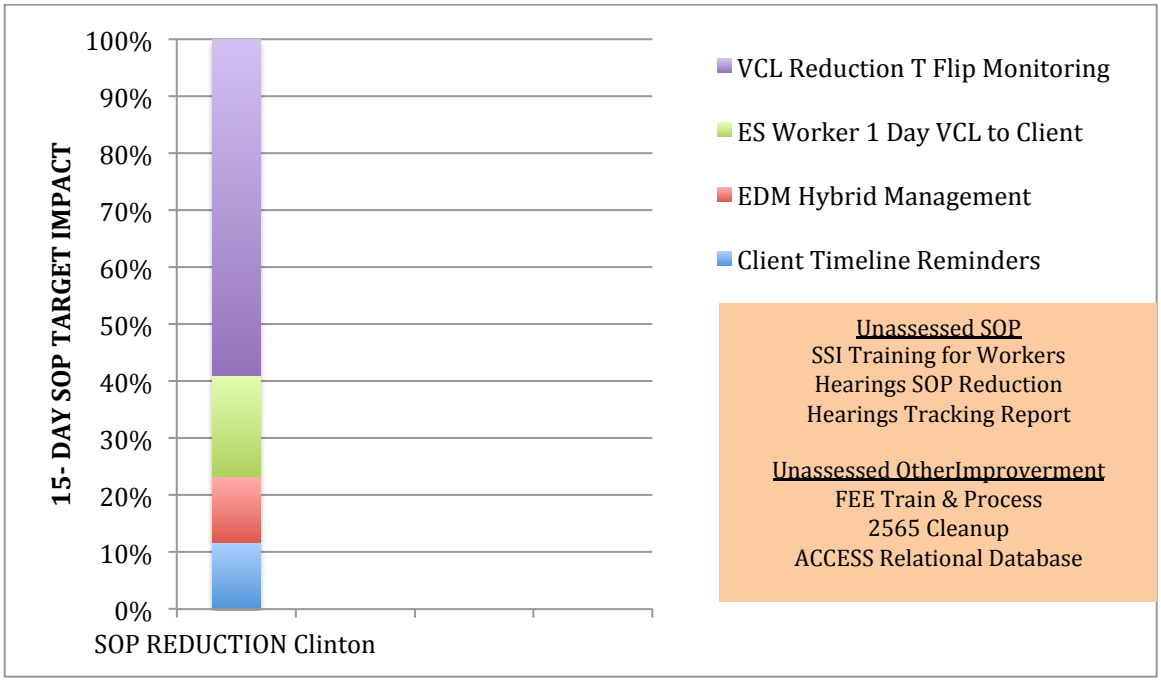


Table 3. Clinton Cohort RIE Lean Orientation Pilots and SOP Reduction

Besides the 17 pilots focused on process improvement, there were many improvements in paradigms that emerged from the Lean Orientation. This is significant in that thinking drives decision making and, therefore, when thinking is enhanced, decision making may also be better. These paradigms were broadly discussed during Scoping and other activities and were relatively easy for the RIE participants to articulate. These paradigm improvements were tightly framed around the lean tenets "Respect for People" and "Continuous Improvement." Eight categories of paradigm improvements are listed below.

I. Pre-Registration and Registration Paradigm Improvements

   A. Preparing Client Better for Application Process
   B. Setting up Prompting Screens in Bridges
   C. Using Color Coded VCLs,
   D. Conducting Exit Interviews with Clients
   E. Making Applications Available where Clients Are

F. Utilizing MI-BRIDGES More
G. Enhancing Client Education
H. Improving Registration Information

II. Local Office Processing Paradigm Improvements
A. Improving Front End Processing Quality by Worker
B. Using the Capacity of EDM to Impact SOP (Scanning-Indexing to EDM Inbox)
C. Managing SOP Better Through Worker Tools (Tasks & Reminders, Inboxes)
D. Developing Hybrid Specialization where Knowledge Needs are High

III. Medical Review Team Processing Paradigm Improvements
A. Streamlining SSA Parallel Processing
B. Breaking the MRT Backlog through Sorting Cases at Data Input
C. Ordering Cases by Application Date
D. Assigning Cases by MRT Examiner
E. Starting MRT Process at Hospitals
F. Communicating with Local Offices
G. Teleworking for Medical Consultants
H. Conducting Full Medical Processing
I. Using SOP as a Measure of Performance

IV. Third Party Paradigm Improvements
A. Creating Shared Problems and Shared Target Conditions with Local Offices
B. Eliminating Third Party Need by Servicing Hospitals Directly

V. Use of Data Paradigm Improvement
A. Sharing SOP between Local Offices and MRT
B. Sharing Data and Logs between Local Offices and MRT

VI. Communication, Knowledge and Training Paradigm Improvement
A. Minimizing Misunderstanding of Policy
B. Improving Training through Worker Development Planning
C. Eliminating Communication and Knowledge Gaps
D. Setting up Streamlined Communication Protocols

VII. Use of Business Service Centers Paradigm Improvement
   A. Using Business Service Centers to Help Manage Improvements, Coordinate/Communicate Policy
   B. Creating Worker Backup Planning with Local Offices

VIII. Hearings Paradigm Improvement
   A. Reducing Hearings Withdrawals
   B. Streamlining Client Hearing Education

Summary of the Lean Rapid Improvement Event, Lean Orientation and Piloting I, Stage Two

The Lean Orientation and Piloting I, Stage Two of the RIE, set critical groundwork for the remaining five stages in terms of establishing a baseline of lean knowledge and application, formulating team dynamics, and reaching the 15-day SOP reduction target. The participants learned about four lean concepts and tools and used these to solve an eminent problem related to MA disability eligibility immediately. Seventeen pilot projects from the two cohorts were planned, covering a variety of aspects of inputs, system process and outputs. Each cohort attained the 15-day SOP reduction independently with the various pilots. The pilots were operationalized to different degrees, but each pilot was in motion after the one-day Lean Orientation. The success of these pilots was supported by several qualitative paradigm shifts that occurred through the learning conversations at the Lean Orientation. These paradigm shifts were categorized under eight themes, representing a broad spectrum of issues impacting the MA SOP.

With the Lean Orientation and Piloting I, the pilots and paradigm improvements were underway, and the next stage, Current State Analysis and Value Stream Mapping took place.

The Lean Rapid Improvement Event Current State Analysis and Value Stream Mapping, Stage Three

The third stage of the Lean RIE, Current State Analysis and Value Stream Mapping, is problem identification process using newly acquired lean tools and concepts. The point of the Stage Three was to help participants to "see" where value and waste was occurring based on critical stakeholders' views of the process. The process of "seeing" was quite enlightening for the RIE participants, as they indicated in their qualitative feedback collected at a later date.

Description of the Rapid Improvement Event Current State Analysis and Value Stream Mapping, Stage Three

The Current State Analysis and Value Stream Mapping, Stage Three, made use of the four lean tools and concepts from the previous Lean Orientation and Piloting I. The five lean tools and concepts in use were: 1) Concept Maps and Learning to See; 2) The Ishakawa Diagram and Cause and Effect; 3) The Five Whys and Root Cause Analysis; 4) The A3 and the Plan-Do-Check-Adjust Continuous Improvement Cycle; and 5) The Value Stream Map and Understanding Value and Waste. These are described next.

Concept Maps are used to highlight key themes, ideas, processes, people, and so on, by showing attributes such as relationships, hierarchy,

categories, flow. Concept Maps are the most unstructured and free flowing lean tools as they are drawn from the "mind's eyes" of their creators and can range from literal outlines to symbolic drawings.

The Ishakawa Diagram is used to show cause and effect against a target condition. This tool is useful for complex situations, where there are several presenting, ancillary and tertiary problems to deal with. The Ishakawa Diagram helps to organize, categorize and order problems, so that causal agents are made clear and the effecting problem surfaces.

The Five Why's is used to get to the root cause of a problem. This is done so that work does not occur at the presenting problem level, which will result in continually having to deal with it, but at the root level. The five whys is not an evaluative activity, but a Socratic conversation, where "Why?" is asked five times (or until the root is reached) to get to the root cause.

The A3 is used to track improvement work and to tell the story of how improvement work occurred. The A3 represents the Shewhart Cycle or continuous improvement cycle of Plan-Do-Check-Adjust (PDCA) and is set up in these four distinct areas of work. Plan activity includes setting the Theme of the improvement work, describing the Background, analyzing the Current Condition, and creating a Statement of the Problem. Do activity builds from Plan activity and includes stating the Target Condition and setting up an Implementation Chart. Check activity builds from Do activity and involves examining short-term and

long-term assessments of Do and its Target Condition. Adjust activity builds from Check activity and involves reflecting on lessons learned and delineating which improvements will carry forward. The A3 often includes the other lean tools, such as the Five Why's in the Plan, Statement of the Problem, or the Ishakawa Diagram in the Plan, Current Condition. The complete PDCA cycle is documented on the A3, representing a collective engagement of continuous improvement activity.

The Process Map is used to draw out a process, step by step with flow, so that it can be discussed coherently. The Current State Value Stream Map is a more highly developed Process Map with the process steps and flow indicated, as well as the critical stakeholder(s), process supplier(s), and stakeholder metrics added, such as quality, impact, efficiency, etc. The Value Stream Map may also have a "swim lane," tracking a metric, such as time, along with the process flow and stakeholder metrics.

The two cohorts at Genesee and Clinton engaged the five tools and concepts in an effort to understand the current state of MA eligibility determination correctly. The conversations in the cohorts were very informative to participants and many reported learning valuable new insights from other cohort members. Kaizen and zero defect thinking were used in Stage Four and will be described later.

In addition, the pilot projects were reviewed for any valuable lessons learned. The seven at Genesee and the ten at Clinton were debriefed

and participants confirmed that the original SOP reduction estimates from the Lean Orientation and Piloting I were accurate. Each of the pilots was at different levels of operationalization, but since the participants were experienced and seasoned DHS/DDS employees, they were able to do this estimation without hesitation or concern.

Findings of the Rapid Improvement Event Current State Analysis and Value Stream Mapping, Stage Three

The Genesee and Clinton cohorts used the 17 pilots to understand the feasibility of obtaining the 15-day SOP reduction within the RIE. Each cohort had either seven or ten demonstration pilots, contributing to varying degrees to the SOP reduction target. Each cohort demonstrated the viability of the target condition independently. Now, with the five lean tools and concepts listed above to conduct the current state analysis and value stream mapping, a shared understanding of the MA eligibility determination was reached. Each of these findings are visually represented in the lean tools, actual concept maps, Ishakawa diagrams, Five Why's, process maps and value stream maps. The process maps were turned into current state value stream maps, so four sets of findings are presented next: Concept Maps, Ishakawa Diagrams, Five Why's, and Current State Value Stream Maps developed from the Process Maps. Each tool is briefly described next followed by the findings from the Stage Two Current State Analysis and Value Stream Mapping.

Concept Map Findings. There were several Concept Maps created to explore various aspects of the MA eligibility determination process. Four major ones were: 1) Areas of Concern for SOP Reduction (Diagram 1), 2) Relationships of Critical MA Stakeholders (Diagram 2), 3) Relationships of Critical MRT Stakeholders and the Need for Medical Education (Diagram 3) and 4) Critical Problem Solving Components (Diagram 4).

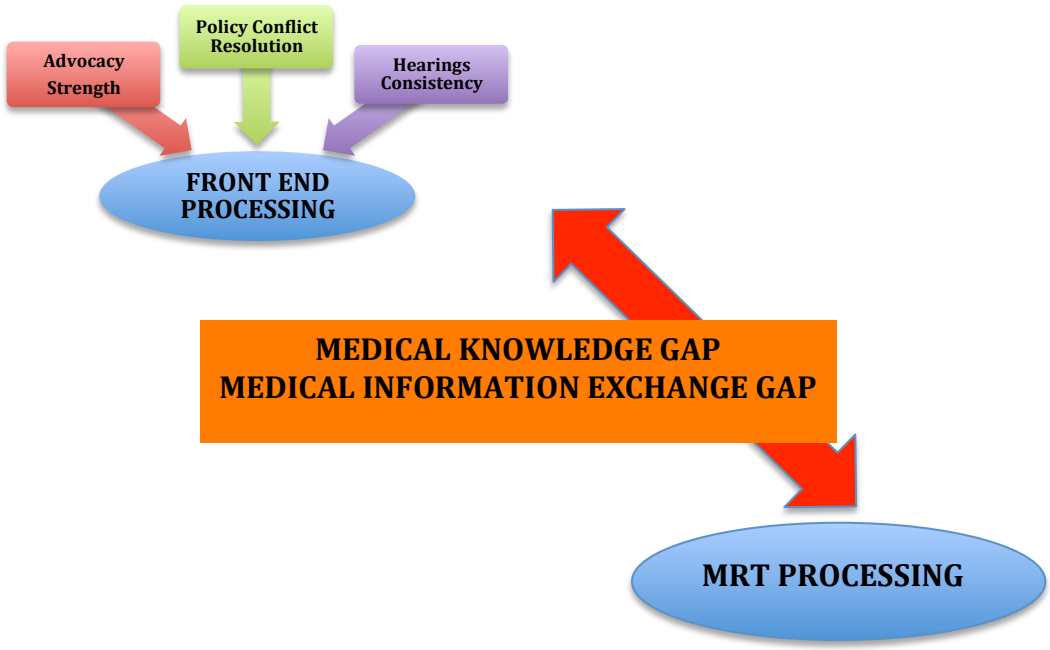


Diagram 1. Concept Map of Areas of Concern, 15-Day MA SOP Reduction

Diagram 1, the Concept Map of Areas of Concern for the 15-day MA SOP Reduction, highlighted how critically significant the knowledge/information exchange gap was between the local office front end processing and the MRT processing. In addition, the critical supporting functions of Supplemental Security Income (SSI) Advocacy, Public Policy Conflicts, and Hearings also relied on the knowledge and

information generated between the local offices and MRT, impacting these areas as well. Diagram 1 demonstrated that knowledge/information exchange gap should be addressed in the forthcoming RIE work. Diagram 2, Relationships of Critical MA Stakeholders, is described next.

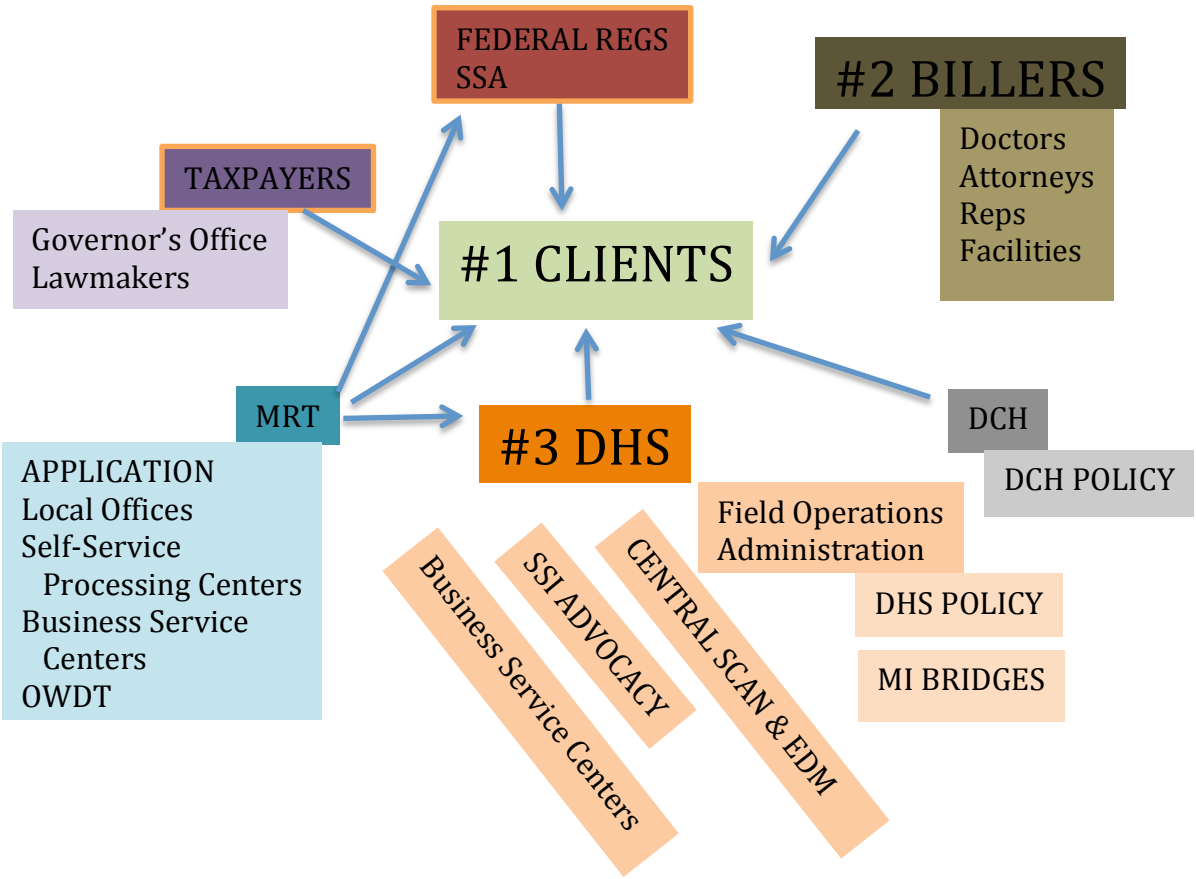


Diagram 2. Concept Map of Critical MA Stakeholders

Diagram 2, the Concept Map of Critical MA Stakeholders, highlighted how complex and sometimes overlapping the relationships were. Of note is that the MA clients were the most critical stakeholders. Further, that the billers, known as "third parties," at DHS were ranked significantly high. The third party billers or the billers are seeking

payment for services rendered by the medical providers. Often, these parties use DCH policy and procedures to their benefit causing reworking and difficulties at the local offices. The relationship between the local offices and the billers is often strained and dysfunctional. It is significant that this relationship was ranked so highly by the RIE participants. DHS was the third critical stakeholder noted on Diagram 2. This represents the oversight and accountability that DHS holds for the MA eligibility process. Diagram 3, Concept Map of Critical MRT Stakeholders and the Need for Medical Education, is described next.

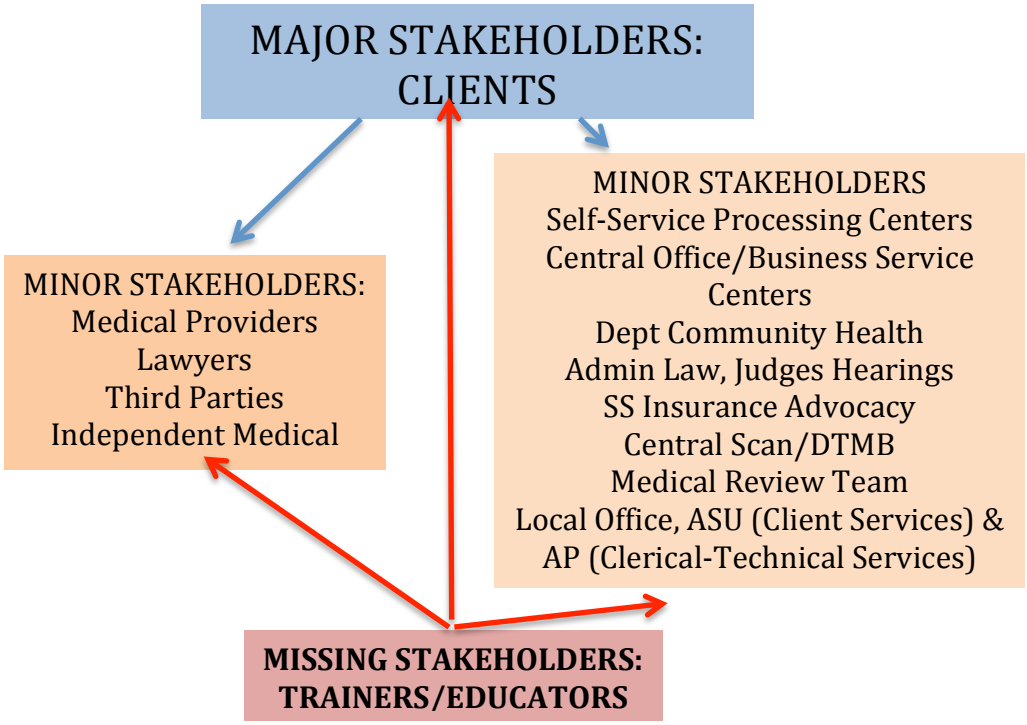


Diagram 3. Concept Map of Critical MRT Stakeholders and the Need for Medical Education

Diagram 3, Concept Map of Critical MRT Stakeholders and the Need for Medical Education, highlighted a similar message that Diagram 1 did regarding education and training. The difference is that Diagram 1 focused on the internal lapses of knowledge/information exchange that can occur with even training, but that also can occur through other protocols with internal DHS stakeholders. Diagram 3, extends this concept from the MRT perspective to include the need for training and education with the minor, but important, stakeholders of medical disability policy design and enforcement, front end processing, administrative and technological support functions, review, hearings and payment. Diagram 4, Concept Map of Critical MA Problem Solving Components, is described next.

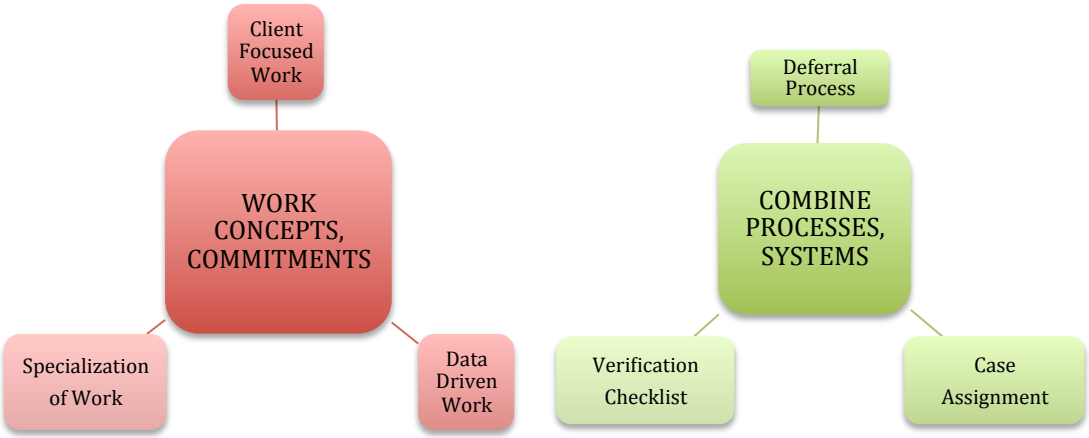


Diagram 4. Concept Map of Problem Solving Components

Diagram 4, Concept Map of Problem Solving Components, highlighted three key concepts/commitments of work and three processes with redundancies. The concepts/commitments of work brought forth the need to utilize the "Human" in Department of Human Services as

remaining client focused; to revamp the Integrated Case Model of generalization to more specialization of work, and to use data over emotion to drive decision making at all levels. The process redundancies to look at were regarding the medical processing aspects of cases between the local office and MRT as the need to clean up and expedite deferrals, to move faster on obtaining the required Verification Checklist and to keep case assignment and reassignment with the same MRT Specialist. The findings from the concept maps in Diagrams 1-4 established parameters for the Ishakawa Diagram.

Ishakawa Diagram Findings. There were two Ishakawa Diagrams created, one from each cohort. They were basically identical, so one is presented next. The Ishakawa Diagram conclusion was the same as the Statement of the Problem from the Stage One Scoping work. That is, there is a need to manage to better systemization of the MA eligibility determination process. Diagram 5 presents the Ishakawa findings.

Diagram 5. Ishakawa of Cause and Effect for 15-Day SOP Reduction

Diagram 5, Ishakawa of Cause and Effect for 15-Day SOP Reduction highlighted ten compounding problems, eight of which are within the auspice of DHS and the RIE participants and two that are not, the Administrative Law Judge and Policy set by Department of Community Health. The remaining eight "effects" of the cause, the Need for Continuity, involved both soft and hard processes ranging from

communication and developing shared measures of performance and focus to improving the handling of deferrals and getting better training. In other words, although complex and complicated, the ability to create continuity is a core root behavior needed to hit the 15-day MA SOP reduction target. Since the "Need for Continuity" was uncovered, the RIE next explored how to attack that problem using the Five Why's.

Five Why's Findings. The Five Why's tool was set up to consider three questions related to the Need for Continuity, 1) "Why Are There Delays in MA Processing?" 2) "Why Are There Competing Priorities?" and 3) "Why Is It Difficult to Obtain a 15-Day MA SOP Reduction?" Each of these questions was the basis of a learning conversation, designed to uncover root cause(s). The three Five Why's and their root causes are presented next.

Five Why's #1: Why Are There Delays in MA Processing?

1-Why are there delays in MA processing?
Clients are overwhelmed with what is requested from them.

2-Why do they get overwhelmed?
We are requesting a lot of information from them such as, income, assets, and medical records.

3-Why do we need this information?
We need this information to determine financial eligibility and to send it to MRT for a disability determination.

4-Why do local office ES workers gather information for MRT?
ES Workers gather this information for MRT because this is how our process works.

5-Why is DHS asking for medical records that clients have already given and obtained for SSA?
Medical records are requested twice because we have a duplication (or triplication) of requests, and, therefore, services with DHS/DDS/MRT and SSA/DDS.

Root Cause: There is a duplication of services that causes delays.

Solution: Eliminate duplication of services between DHS and SSA.

Five Why's #2: Why Are There Competing Priorities?

1-Why are there competing priorities?
There are competing priorities because there are different timelines and needs for the various critical stakeholders, especially with DHS and MRT.

2-Why do DHS & MRT have different SOP timelines?
There are different SOP timelines because of the organization's structure—silos were built.

3-Why do silos impact SOP?
Silos impact SOP because there is a duplication of work occurring.

4. Why is there a duplication of work occurring?
There is a duplication of work occurring because there is no shared vision or shared measures of performance.

5. Why is there no shared vision or shared measures of performance?
These are lacking because the management structure needs changing to maintain alignment.

Root Cause: The management structure enables silos.

Solution: Restructure the organization to create new lines of communication, accountability and alignment.

Five Why's #3: Why Is It Difficult to Obtain a 15-Day MA SOP Reduction?

1-Why is it difficult to obtain a 15-day SOP reduction in MA eligbility?
It is difficult to obtain the 15-day SOP reduction because of caseload size.

2-Why is caseload size impacting the SOP?
Caseload size impacts the SOP because time management issues arise for the workers and employees from more and more conflicting priorities and increasing complexities in tasks.

3-Why do conflicting priorities and complexities in tasks impact the SOP?
Conflicting priorities and complexities impact the SOP because there is a lack of consistent managerial expectations, changes and differences policy application and interpretations of policy.

4-Why does this lack of consistency impact the SOP?
These inconsistencies impact the SOP because there is not a consistent process and the worker cannot plan her/his time with assurance.

5-Why can't the worker plan her/his time with assurance?
The worker cannot plan with assurance because with lack of consistent priorities, it is difficult to create understand what should be standardized and what remains in flux due to competing priorities.

Root Cause: Competing priorities interfere with caseload management.

Solution: Streamline caseload management to uncomplicated decision making for the worker.

The three Five Why's exercises resulted in three key strategies to consider: 1) to eliminate duplication of requests to clients and services

by DHS, 2) to change the management structure for better sharing, and 3) to streamline worker decision making. The first strategy, elimination of duplication of services, involved policy changes requiring up to one year or more to complete. Parallel processing changes will be examined over the next year to accomplish this. A future value stream map was created in the next stage to describe what the process could look like. The second strategy, changing the management structure, has already been done. Recently during the course of the RIE, DHS had restructured reporting lines and had created higher levels of accountability from DDS to DHS to improve issues of shared vision and shared measures of performance within the DHS and DDS operations. The third strategy, streamlining worker decision making, required either the elimination of medical processing at the local office and moving it to MRT or the use of MRT worker specialization at the local offices. Both options, parallel processing and streamlining worker decision making, were then examined thoroughly during the RIE.

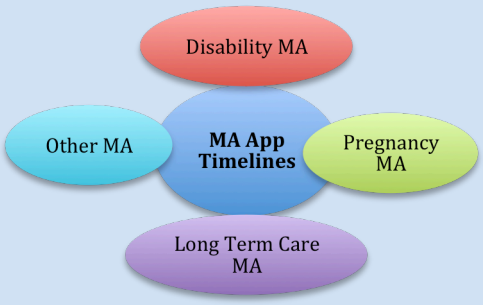
A3 Findings. A3s were completed for all of the one-day pilot projects. Given the various stages of development that the pilots were in, some made it through the complete PDCA cycle while others did not. Regardless of the stage of development, each pilot project was examined and vetted out for implications against the 15-day SOP reduction Target Condition. Diagrams 6, 7, 8, 9, 10 are separate A3 pilot projects previously described and presented next as samples of this one-day pilot work. Diagram 6, A3 of Timeline Reminder to Clients is shown next.

A3: Client Timeline Reminder Pilot

PLAN

Theme:
Educate Clients of MA SOPs

Background:



Current Condition:
Clients do not understand the impact of not following timelines.
Why? *They do not know MA process.*
Why? *We do not explain it to them*.
Why? *Because we think we do not have time to do so.*
Why? *Because we think that it will hurt our SOP.*
Why? *Because we are not counting the cost of client uncertainty to SOP.*

Statement of the Problem:
Client uncertainty on MA process and MA timelines slows us down with phone calls, office visits.

DO

Target Condition:
Inform 100% of MA applicants of Timelines to reduce MA SOP.

Implementation Chart:

ITEM	PERSON	DUE
Client Verbal Inform	xxx	May 6
Client Visual Show	xxx	May 6

CHECK

Short-Term Assessment
-Observed verbal inform, visual show to increase client ease DONE
-Can reduce SOP by 2 days DONE

Long-Term Assessment
-Educate clients more formally on Timelines NOT DONE

ADJUST

Improvements Made:
-Made copies of page 2 Timelines.
-Placed copies outside of reception window for strongest visual cue.

Lessons Learned:
-This is a simple change with high ease and high impact on SOP.
-See the process as clients do.

Diagram 6. A3 of MA Client Timeline Reminder

Diagram 6 depicted the A3 of the impact of a reminder to the client of the paperwork Timelines found on page 2 of the 44-page MA application packet, but often overlooked by the client. This could reduce SOP by two-five days because it provided the client with needed information

critical to the MA application process and enables the client to prepare for it by gathering paperwork and information, contacting past medical providers, and so on. Diagram 7, A3 of MA Application Flagging is another example of a pilot with potential to reduce the MA SOP.

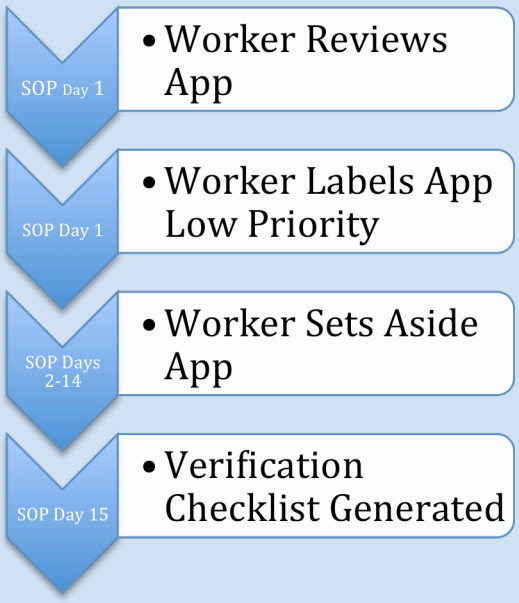
A3: Improve Internal MA Processes

PLAN

Theme:
Shorten Front End Processing

Background:
MA applications are received at local office, registered and given to the ES worker. There is no set time frame to generate the Verification Checklist.

Current Condition:



Statement of the Problem:
MA apps seen as a low priority due to longer SOP than other programs.

DO

Target Condition:
Increase priority of MA disability apps to decrease MA SOP.

Implementation Chart:

ITEM	PERSON	DUE
Screen apps for disability	x	May 8
See if client Receives SSA benefits	x	May 8
Alert worker & FIM	x	May 10
Set up screening tool for specialization	xx xxx	May 10
Set up screening tool for generalization	xx xxx	May 10

CHECK

Short-Term Assessment
-See if amount of T's decrease

Long-Term Assessment
-See if % of cases meeting SOP rises

ADJUST

Improvements Made:
-Simplified screening tool

Lessons Learned:
-Flagging increases prioritization

Diagram 7. A3 of SOP Impact of Internal Flagging to Expedite MA Application

Diagram 7 depicted the A3 of the impact of an internal MA flagging procedure to shorten front-end processing time. This could reduce SOP by 2-14 days because it provided the local office ES worker with a visual clue to expedite it quickly. Diagram 8, A3 of Training ES Workers on SSI Application Policy, is yet another example of a pilot with potential to reduce the MA SOP over the long term.

A3: SSI Training to Impact MA SOP

PLAN

Theme:
Train ES Workers on SSI Application Policy

Background:
ES workers are not communicating with clients that need to apply for SSI according to Policy BEM 271.

Current Condition:
Clients are getting SDA/MA without meeting BEM 271 and applying for SSI.
Why? *They do not know to do this.*
Why? *Workers do not explain it to them.*
Why? *Because workers are not aware of the policy and its implications*
Why? *Because workers have not been trained or understand costs to State.*
Why? *Because SSI Advocacy needs to coordinate training with counties.*

Statement of the Problem:
There is a need to save State costs by ES worker training on SSI advocacy.

DO

Target Condition:
Communicate with 100% of counties to conduct training.

Implementation Chart:

ITEM	PERSON	DUE
Contact counties	xxx	June 30
Develop training plan	xxx	June 30

CHECK

Short-Term Assessment
-Are more cases coming into worker caseloads with SSI applications?

Long-Term Assessment
-Are there more clients applying for and requesting timely hearings?
-Are workers more timely in closing non-compliant cases?

ADJUST

Improvements Made:
-Create trainings
-Adjust emails
-Change powerpoints
-Contact local offices

Diagram 8. A3 of ES Worker SSI Training to Save Costs and SOP

Diagram 8 depicted the A3 of Training ES Workers on SSI Application Policy. This A3 examined the issues related the need for reduction of waste through parallel processing. This occurs when clients do not correctly apply concurrently for State MA disability and federal Supplemental Security Income, which is required by Policy (BEM271). The state is incurring unnecessary medical expenses due to be covered by the federal medical disability programs. In addition, the state is processing applications that could potentially be fully or partially handled by the federal side of the Disability Determination Services. While this program does not have an immediate SOP reduction impact, it certainly has a significant long-term impact. Diagram 9, A3 of Improving Supplemental Security Income Advocacy Communication with the Local Offices, is a companion pilot to Diagram 8 above, with substantial potential to impact the MA SOP over the long term.

A3: Improve SSI Advocacy Communication

PLAN

Theme:
Increase counties/districts involvement in identifying their disability-related needs and their expectations of the SSI Advocacy Program.

Background:
Advocates assist counties/districts in ensuring that SDA/MA clients have an active SSI claim. Advocates assess counties/districts for disability related deficiencies and needs. Advocates assist with information and problem solving when asked.

Current Condition:
Need identification is one-sided. The SSI Advocate is doing the needs Analysis and initiating the communication. The counties/district may not see that they have a need. Therefore, they might not be aware of the need for or value in SSI Advocacy assistance.

Statement of the Problem:
The counties/districts do not have complete or correct assistance to fit their needs. The counties/districts need to have more input into their needs for assistance of advocacy services.

DO

Target Condition:
Increase unsolicited county/district Communication regarding their needs.

Implementation Chart:

ITEM	PERSON	DUE
Discuss initial idea	xxx	May 2
Start project	xxx	May 2
Write service guidelines	xxx Xx	May 28
Create county questionnaire	xxx xx	May 28
Present for Bus Service Center approval	xxx xx	May 31

CHECK

Short-Term Assessment
-County/district surveys
-Advocate on opinion/actions

Long-Term Assessment
-% of cases with actual SSI claims
-County/district feedback

ADJUST

Improvements Made:
-Use statistics
-Base advocacy support on county/ district feedback

Lessons Learned:
-There are possible new opportunities

Diagram 9. A3 of SSI Advocacy County/District Needs Assessment and Assistance

Diagram 9 presented the A3 of SSI Advocacy County/District Needs Assessment and Assistance. This A3 uncovered the problem that SSI Advocacy, although well intentioned, was pushing its services on its "clients," the county/district offices. This A3 proposed to change that dynamic through better communication and improved needs assessment based on input from the county/district offices, calling for a pull from the client, the county/district offices, in place of a push from them, SSI Advocacy. The need to change the direction of the information flow created the potential for a substantial impact on DHS' administration of the MA Program. While this program does not have an immediate SOP reduction impact, it certainly has potential for a significant long-term impact. is a final example from the 17 individual or small group pilots, with substantial potential to impact the MA SOP over the long term.

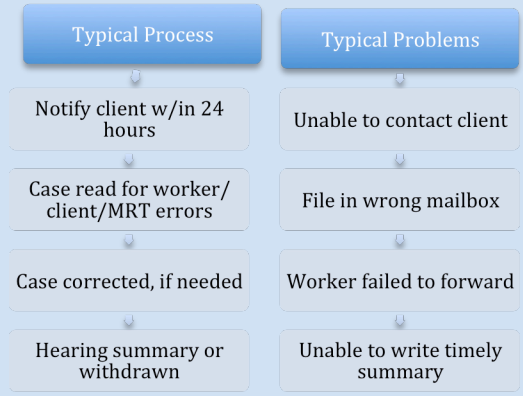
A3: Hearings SOP

PLAN

Theme:
Improve Hearings SOP to 100%

Background:
Clients denied MA benefits, often request a Hearing. This paperwork comes to the county/ district Hearings Coordinator. Recently the notification to clients regarding denial of benefits and the right to appeal through a hearing has been improved. Often clients would sign the request for a hearing in error. However, many requests for hearing are made and up to 80% of them are subsequently withdrawn due to client misunderstanding. There is an SOP for Hearings, which can be difficult to meet with the extra paperwork from withdrawals and from the required paperwork of clients wishing to submit.

Current Condition:



Statement of the Problem:
The Hearings SOP of 100% is missed due to process confusion which causes wasted time.

DO

Target Condition:
100% Hearings SOP through time

Implementation Chart:

ITEM	PERSON	DONE
Hearing came in	xxx	Day 1
Case read	xxx	Day 1
Conference w client or appt	xxx	Day 6
Write up summary or withdraw	xxx	Day 12

CHECK

Short-Term Assessment
-Due dates hit?
-In date/Out data monitored?

Long-Term Assessment
-Worker error and case reinstated rates?
-Timely hearings requests?
-Summary writing time and sending to Lansing?

ADJUST

Improvements Made:
-Time Management
-Process Steps with Time Metrics: Contact Client/Make Appt., Read Case, Write Up Summary/Withdraw

Lessons Learned:
-See the process and use metrics to manage decision making

Diagram 10. A3 of Improving the MA Hearings SOP

Diagram 10 depicted the A3 of Improving the MA Hearings SOP, a process that takes considerable time and resources within the county/district offices related to the MA eligibility process. The hearings process does not impact MA SOP, since the hearing occurs after the application has been denied. However, it does take ES worker and Hearings Coordinator time and effort to process forward so the use of time management for each process step and the elimination of the four typical problems were high impact, high ease improvements.

These sample A3s demonstrated how accessible improvements were within the auspice of the RIE participants. As described earlier, there were 17 pilots launched during Stage Two, Lean Orientation and Piloting I, that were brought forward into this Stage 3, Current State Analysis and Value Stream Mapping. These A3s did inform the current state to some extent. But a deeper understanding of the current state was explored through the current state value stream maps described next which focused on three major processes: 1) the front to end MA eligibility determination process, 2) the MRT deferral process, and 3) the MRT case review process. These are presented next.

Current State Value Stream Map Findings. Current state value stream maps were completed for the front to end MA eligibility determination process and for the MRT deferral process, a sub-process of the eligibility determination process if information is missing or if additional information is requested from the client and the medical community. In

addition, an MRT case review process was completed within MRT concurrently during the RIE and was supported by and communicated back to the RIE.

The three current value stream maps clarified the critical stakeholders of the processes under study, delineated the process steps and flow, matched the stakeholder metrics to each process step, provided a timeline (swim lane), and summarized the overall metrics and swim lane results. There are three value stream maps presented next. Diagrams 11a and 11b from the Genesee and Clinton cohorts were independently created front to end maps of the MA eligibility determination process. Diagram 12 was created at the Genesee cohort to demonstrate the MRT deferral process.

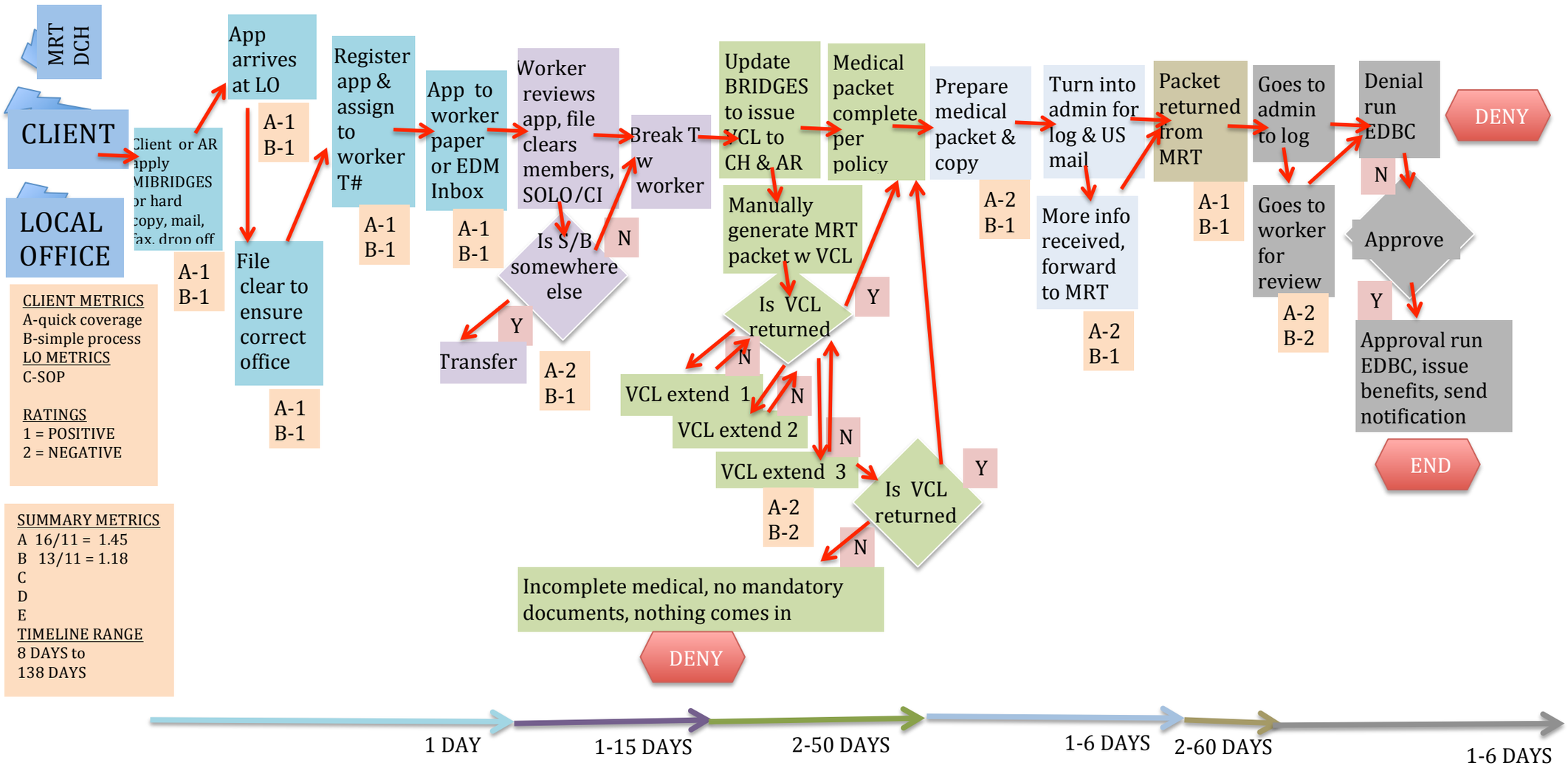


Diagram 11a. Current State Value Stream Map of Front to End MA Eligibility from Genesee Cohort

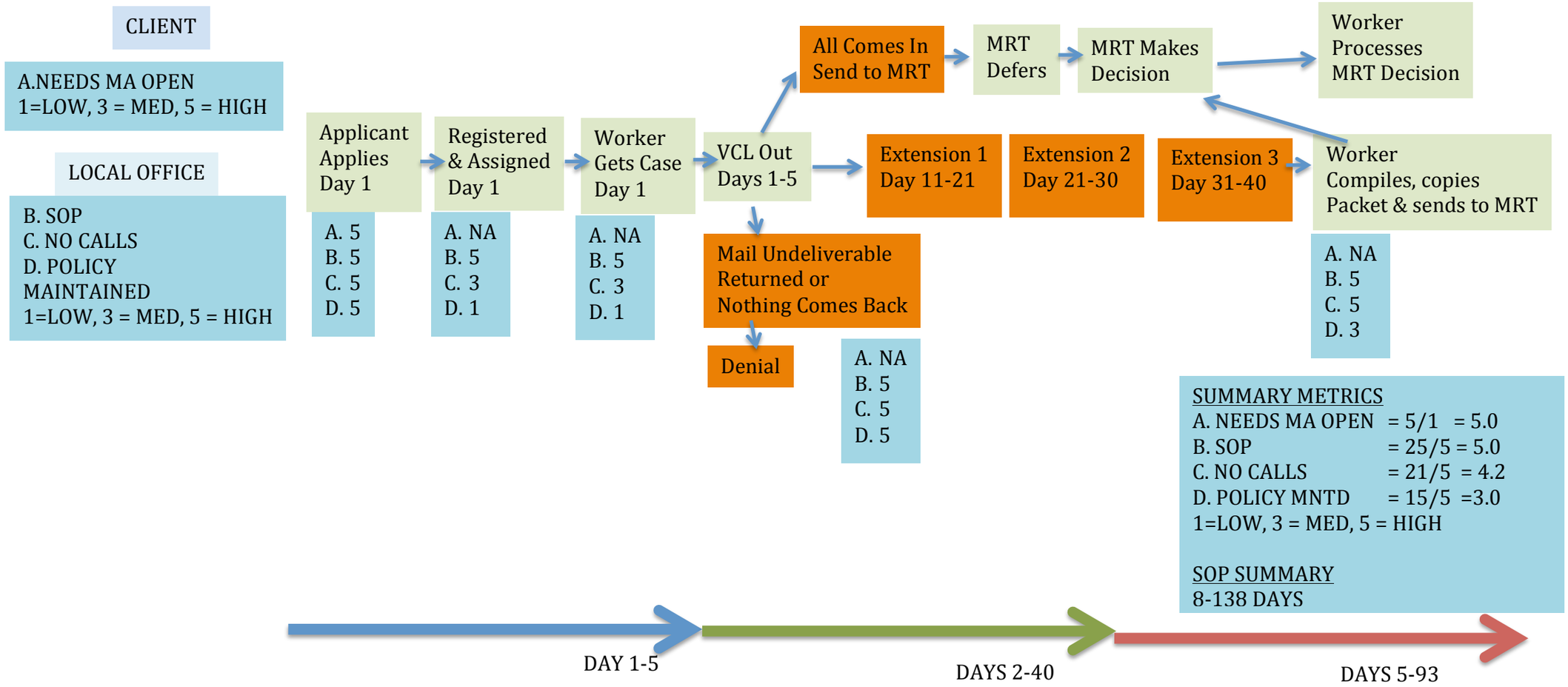


Diagram 11b. Current State Value Stream Map Front to End MA Eligibility Clinton Cohort

Diagrams 11a and 11b, Current State Value Stream Maps of the Front to End MA Eligibility Process from both cohorts revealed similar findings. They both identified the Client as the critical stakeholder and the Local Office as the secondary stakeholder. One map also shows the Medical Review Team and the Department of Community Health as critical suppliers. They both indicated that the current 90-day SOP for MA Eligibility could be as low as 8 days and as high as 138 days.

There were some differences in the two maps. The metrics for the client were different. One map selected quick coverage and a simple process as a valued client metric with Summary Metrics indicating a moderate to lower moderate value to the client. The other selected an open case as a valued client metric and SOP, no calls and policy maintained as valued local office metrics. The Summary Metrics indicated a positive value to the client and medium to high value to the local office.

The current value stream maps both showed that the three ten-day Verification Checklist extensions were extremely taxing on the SOP. These extensions were driven by policy set by the Department of Community Health and were quite excessive against the 90-day SOP, taking a minimum of 40 days. Also, there was a problem at the MRT Unit. MRT had a 5-day SOP, but worked against a daily caseload quota instead of the SOP, with a backlog of 5,000-6,000 cases awaiting review. This was partly caused by poor front end processing by local office workers or by passing along cases to MRT from the local offices to meet

their daily SOPs. However, MRT was explored with additional maps presented next and internal process problems were uncovered.

In other words, these value stream maps showed points of dysfunction and strength for consideration in the next stage, Kaizen and Future State Analysis and Mapping. Before that is described, Diagrams 12 and 13, part of the MRT Deferral Process and the entire MRT MA Paper Process including deferrals are presented next.

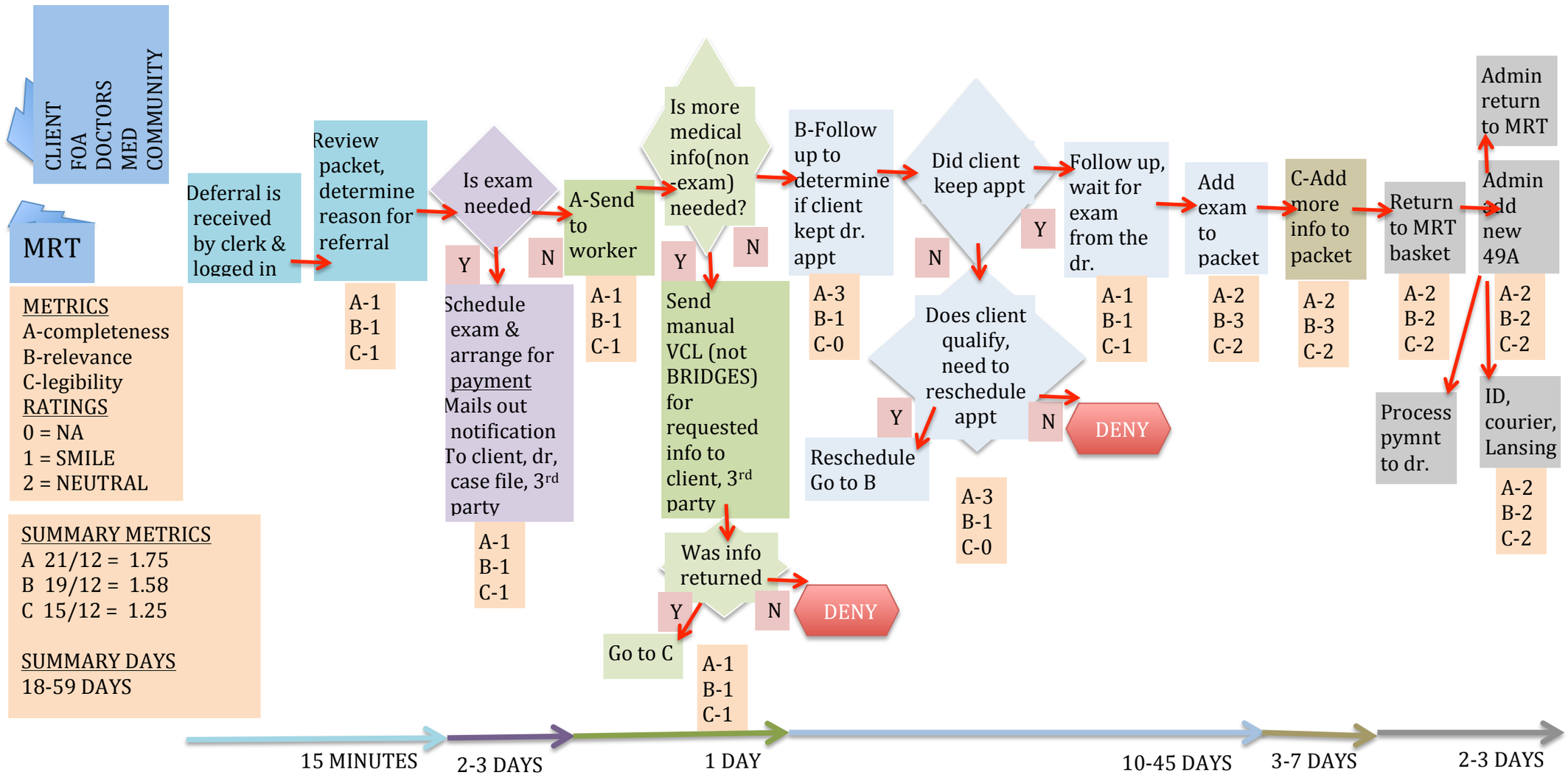


Diagram 12. Current State Value Stream Map MRT Deferral Process

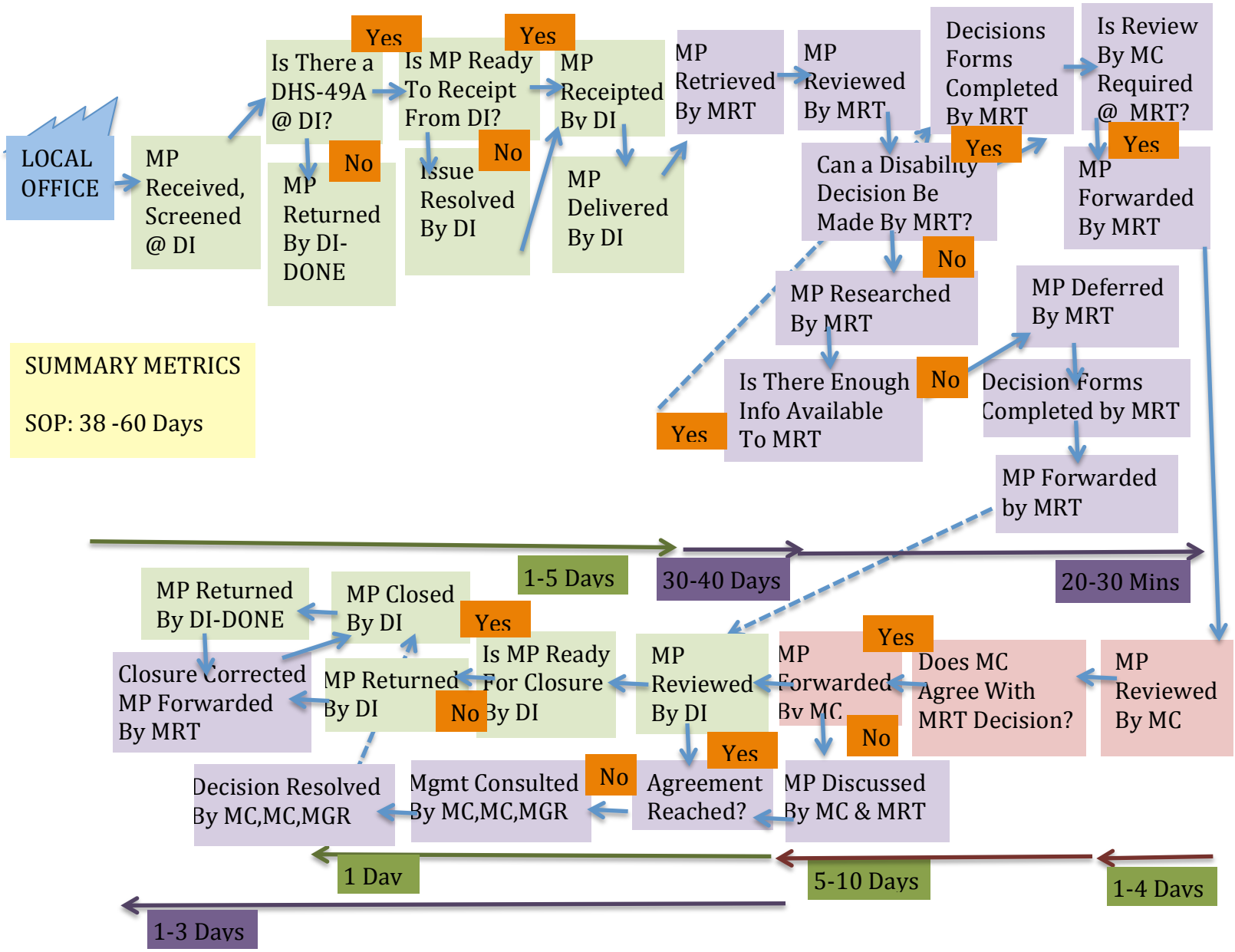


Diagram 13. Current State Value Stream Map MRT Processing of MA Applications

Diagram 12, the Current State Map of the MRT Deferral Process, highlighted the process midstream from the local office perspective when a client packet was sent back to them from MRT as a deferral. In this case, the critical stakeholder is MRT with the client, Field Operations Administration, doctors and the medical community as secondary stakeholders and suppliers in the process. The metrics of value to MRT were completeness, relevance and legibility, which averaged at moderately positive ratings with legibility receiving the highest metric ratings and completeness receiving the lowest. The swim lane indicated an 18-59 day process at the local office. This value stream map showed how deferrals are a major problem on SOP measurement. The deferral may take 10-45 days in the event that the client qualifies for the medical examinations and medical information requested due to extensions.

Diagram 13, the Current State Map of MRT Internal Paper Processes, was very informative. The client was the Local Offices with valued metrics of SOP and quality. The summary metrics indicated a low rating on the Local Office SOP metric, but that quality was fairly high. The swim lane revealed a range of 31 to 64 days, depending on MRT backlog status. Besides the deferral issue that was outlined in the previous Diagram 12, MRT found that the waiting time for case processing after Data Input preparation was extensive, ranging between 30 and 40 days. So, while Data Input is extremely efficient and while the actual time it took to review the file by the MRT Specialist and Medical Consultant

was minimal, the impact on SOP for cases waiting between these two process steps was problematic. In the case of a deferred case returning to MRT, then, this was the second time the case waited in queue for review, doubling the negative impact on the current 90-day SOP. In addition, with the onset of EDM, the time for mailing the decision back to the local office of 1 to 4 days would be eliminated.

Summary of the Lean Rapid Improvement Event Current State Analysis and Mapping, Stage Three

The RIE's Stage Three Current State Analysis and Mapping overall utilized findings from five lean tools, the concept map, the Ishakawa, the Five Why's, the A3 and the process map turned into a value stream map.

These findings fell around themes of outstanding problems. There was little to no contradiction in the findings along the way in Stage Three, Current State Analysis and Mapping. Further, these findings supported the more generalized Stage One, Scoping, findings and Statement of the Problem regarding the need for quality systemization of work processes surrounding MA Eligibility Determination. The Stage Three findings drilled down to uncover these specific points of improvement. The immediate needs are:

I. To close the medical information/communication and SSI advocacy gaps
II. To create systemic continuity through better policy coordination, shared vision and shared measures of performance

III. To eliminate duplicate, parallel processes between state and federal operations
IV. To streamline worker caseload management through specialization
V. To improve front end processing from the local office with training and specialization
VI. To improve the local office processing time through better front end processing quality and deferral management
VII. To improve MRT internal processes through better sorting of work and the elimination and sustaining of the elimination of the Backlog
VIII. To clean up supporting functions, such as Hearings, third party relationships, rejected FEE referrals, database management and report generation.

As the next stage of the RIE occurred, Stage Four, the Kaizen and Future State Value Stream Mapping, the cohorts were able to provide solutions to these problems as they related to the 15-day MA SOP reduction target.

The Lean Rapid Improvement Event Kaizen and Future State Analysis with Value Stream Mapping, Stage Four

The fourth stage of the Lean RIE, Kaizen and Future State Analysis with Value Stream Mapping, was a problem solution process using newly acquired lean tools and concepts. The point of Stage Four was to help participants to create value and eliminate waste based on critical stakeholders' views of needed process improvement regarding the 15-day SOP reduction in MA eligibility determination. The process of creating a solution was exciting for the RIE participants, as they indicated in their qualitative feedback collected after Stage Five.

Description of the Rapid Improvement Event Kaizen and Future State Analysis with Value Stream Mapping, Stage Four

For the RIE's Stage Four, Kaizen and Future State Analysis with Value Stream Mapping made use of the findings from RIE's Stage Three, Current State Analysis and Current State Mapping. Kaizen has been used previously in this report and is described in more detail next.

Kaizen is term literally meaning to take apart, "kai," and to put back together, "zen." Kaizen is designed to ensure that zero defect thinking goes into solutions on a regular basis. This is why kaizen is related to gradualism. It is a literal event, taking place regularly in a Daily Huddle, as needed in a Shark Attack, or for major improvement work in a Kaizen

Blitz. Kaizen has three standards: do not accept, create or pass along defects. Kaizen can be intimidating and demoralizing if it occurs only around "kai," to take apart. Kaizen must be conducted through "zen," to put back together. The RIE participants used the pilots and the current state value stream maps created in Stage Three and chose between two methods for kaizen: the less structured "Rumor Has It" method or the more structured "Kaizen Template." From this kaizen, two events occurred. First, a summary of the types of waste observed, possible responses and a list of improvement projects were created. Next, the current state value stream maps were recreated with kaizen work and zero defect thinking into future state value stream maps. There were many interesting findings from this stage of the RIE, described next.

Findings of Kaizen and Future State Analysis with Value Stream Mapping, Stage Four

The first event, the summary, response and projects lists are described next. The types of waste observed from the RIE were listed along with improvement responses that could be done right away. Table 4 captured the RIE thinking on these points at the beginning of Stage Four.

Type of Wastes Now Seen	Improvement Response
Policy Centric Issues	
Policy-based Verification Checklist Extensions (3 allowed)	Request policy change from Department of Community Health
Redundancy on 49 Series	Revise policy to allow for streamlining of 49 Series with MRT needs for medical review
Local Office Processes	
Waiting for ES Worker to start application and issue Verification Checklist (VCL)	Worker reviews case and sends out VCL to client in one day
Handoffs of deferrals caused by local office SOP concerns or lack of processing	Prepare case completely before sending to MRT
Incomplete packets with illegible, irrelevant information	Create standards for case processing
Lack of knowledge regarding what MRT needs for medical examination	Create a MRT checklist and give to clients and workers
MRT Processes	
MRT processing time on deferrals	Expedite deferrals at MRT
MRT cases waiting in queue using first-in-first-out method	Sort cases at MRT based on application date and reassign to same MRT examiner for deferrals
Shared Local Office, MRT Process Concerns	
Transportation of cases between agencies	Increase communication or use medical processing at MRT
Clients missing scheduled appointments	Unknown
Waiting for snail mail	Use EDM
Lack of information to client on application process	Use of pop up screens in BRIDGES and verbal instructions at offices
Use of middlemen/women for processing	Sort, streamline processes to eliminate number of case touches
Overproduction on case work processing	Make use of parallel processing

Table 4. Types of Prominent Waste in MA Processes and Policy

In addition, the pilots, current state analyses and value stream maps were reviewed and the RIE created a list of SMART (sustainable,

measurable, attainable, relevant, timely) projects. Many of these stemmed from the 17 one-day pilots, so the bulk of the former Stages Two and Three from the RIE were applied directly. These are listed in Table 5 below.

SMART Improvement Projects
Policy Improvement
Eliminate three verification checklist extensions
Redesign 49 series
Local Offices Improvement
MRT specialization at the local offices
MRT screening for RSS
MRT standards for case processing with checklist desk aid and client aid
Caseworker client reminder calls
Application experience enrichment with timelines and value added information needed
1-5 day Verification Checklist out to break T#
MRT Improvements
MRT medical processing
MRT Single decision maker
MRT expediting of deferrals through Data Input
MRT assigning of same reviewer through Data Input
MRT worker at local office
Doctor's use EDM for medical record returns
Shared Local Office and MRT Improvements
Shared accountability for shared SOP as a measure of performance
MRT & DHS joint training on standards case comments, correct verifications, disability documents for AP workers
MRT mailbox and responses
Manager to manager emails

Table 5. SMART Improvement Projects to Reduce MA SOP by 15 Days

The Stage Four RIE participants thinking on SMART Improvement Projects was also represented in Diagram 14, a continuum of responses to the 15-day SOP reduction.

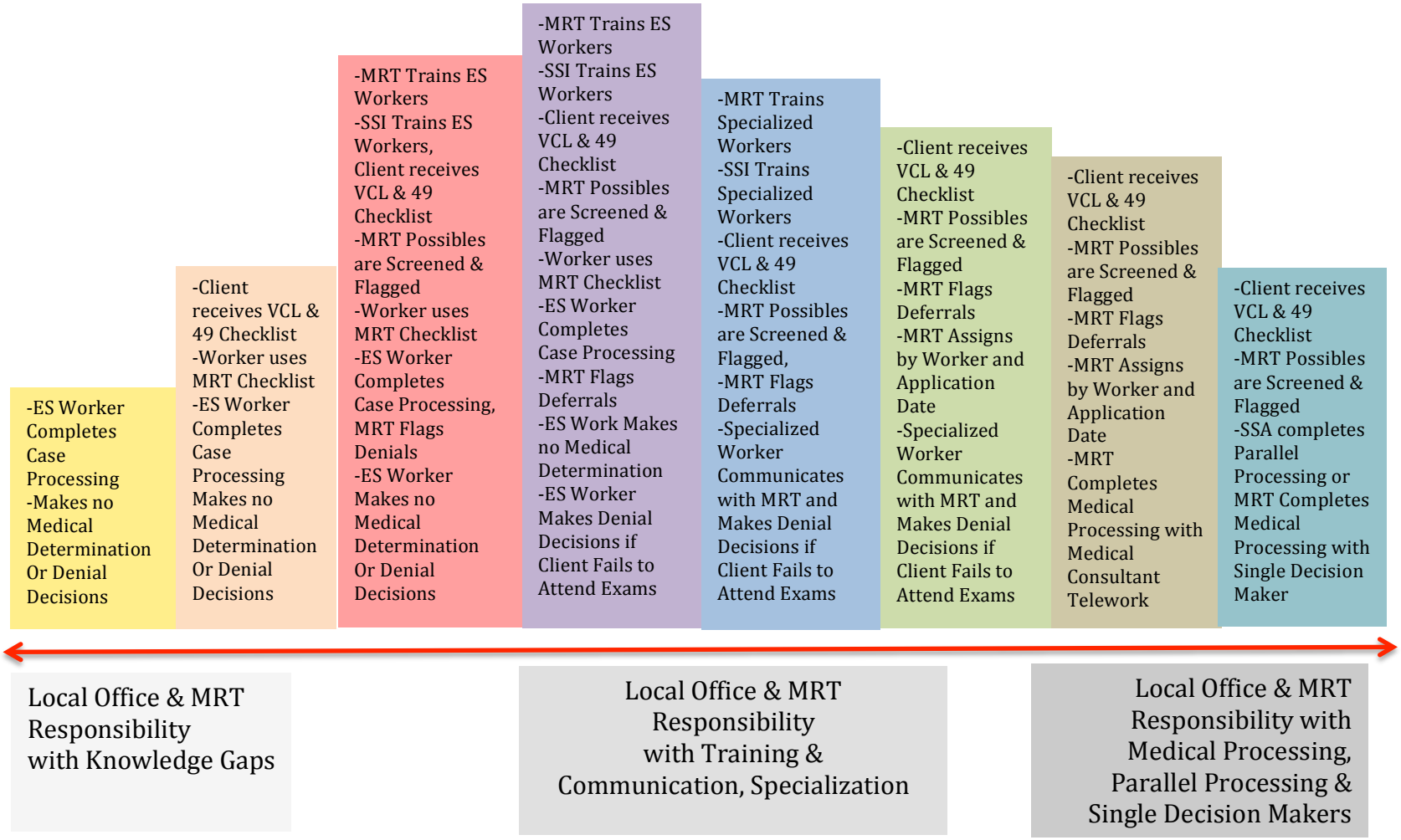
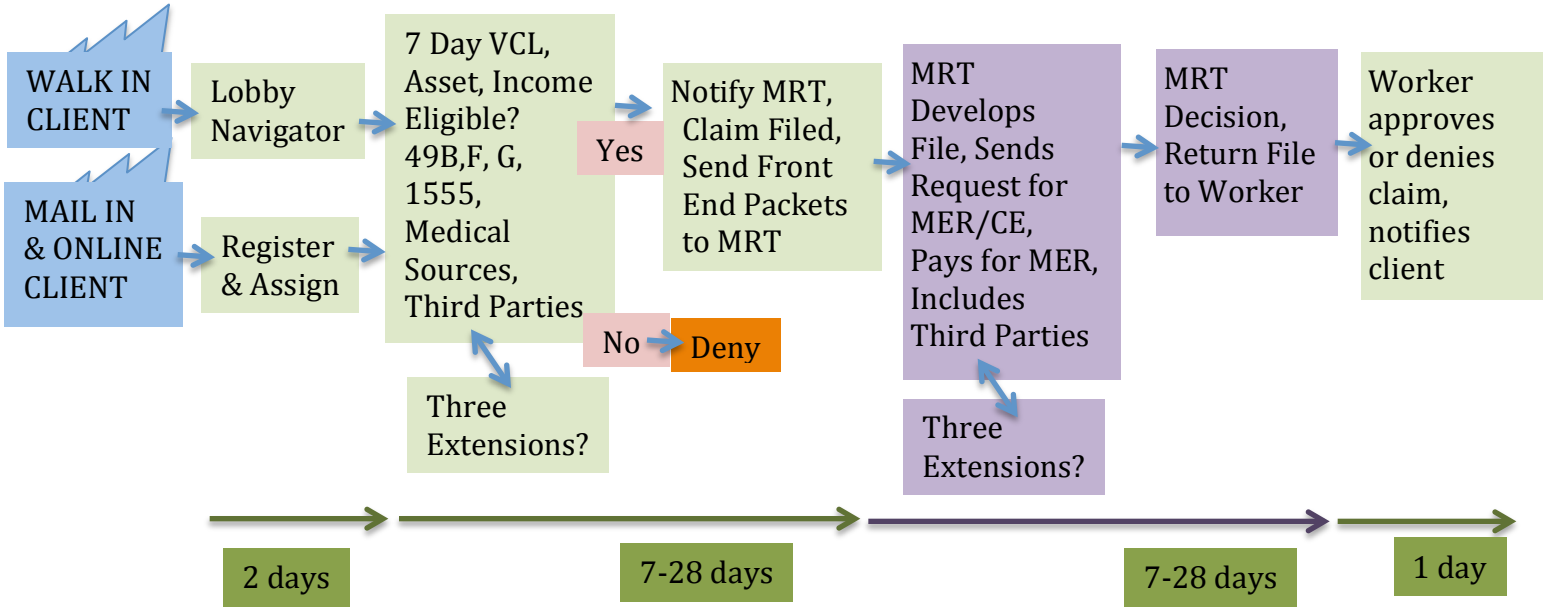


Diagram 14. Continuum of RIE Responses to the 15-Day SOP Reduction

Next, eight processes were pulled out as critical or important to the 15-day MA SOP reduction target and Future State Value Stream Maps were created. These eight processes were:

1) MRT Medical Processing (Diagram 15)
2) Parallel Processing (Diagram 16)
3) Telework for Medical Consultants and MRT Single Decision Maker (Diagram 17)
4) MRT Specialization (Diagram 18)
5) Developing BRIDGES Capacity (Diagram 19)
6) Improving Hearings (Diagram 20)
7) Improving EDM Rollout with Hybrid (Diagram 21)
8) Improving Third Party Relations with 2565 Cleanup (Diagram 22)

These eight Future State Value Stream Maps are presented next. These maps are very streamlined and focused on the 15-day MA SOP reduction through four major processes depicted Diagrams 15-18 to supporting processes depicted Diagrams 19-22. Following the eight Future State Value Stream Maps, the analyses of these Future State Value Stream Maps are summarized in a force field, Diagram 23, examining two metrics, degree of impact and degree of ease of implementation. Diagram 23 summarized the impact and ease of these eight Future Value Stream Map Processes.



SUMMARY METRICS

SOP = 17-59 DAYS

Diagram 15. Future State Value Stream Map MRT Medical Processing

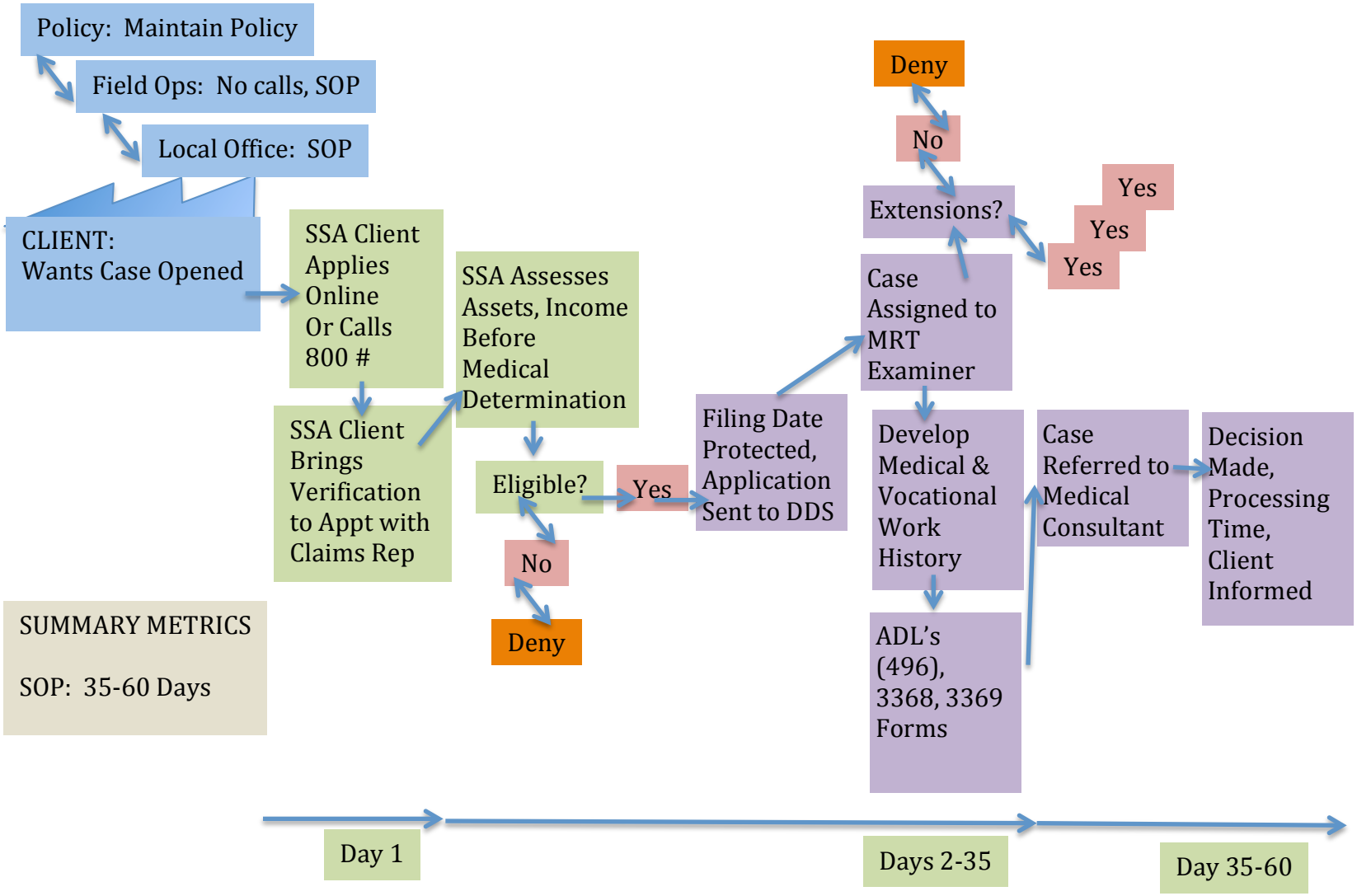


Diagram 16. Future State Value Stream Map SSA/DDS Parallel Processing of MA Clients

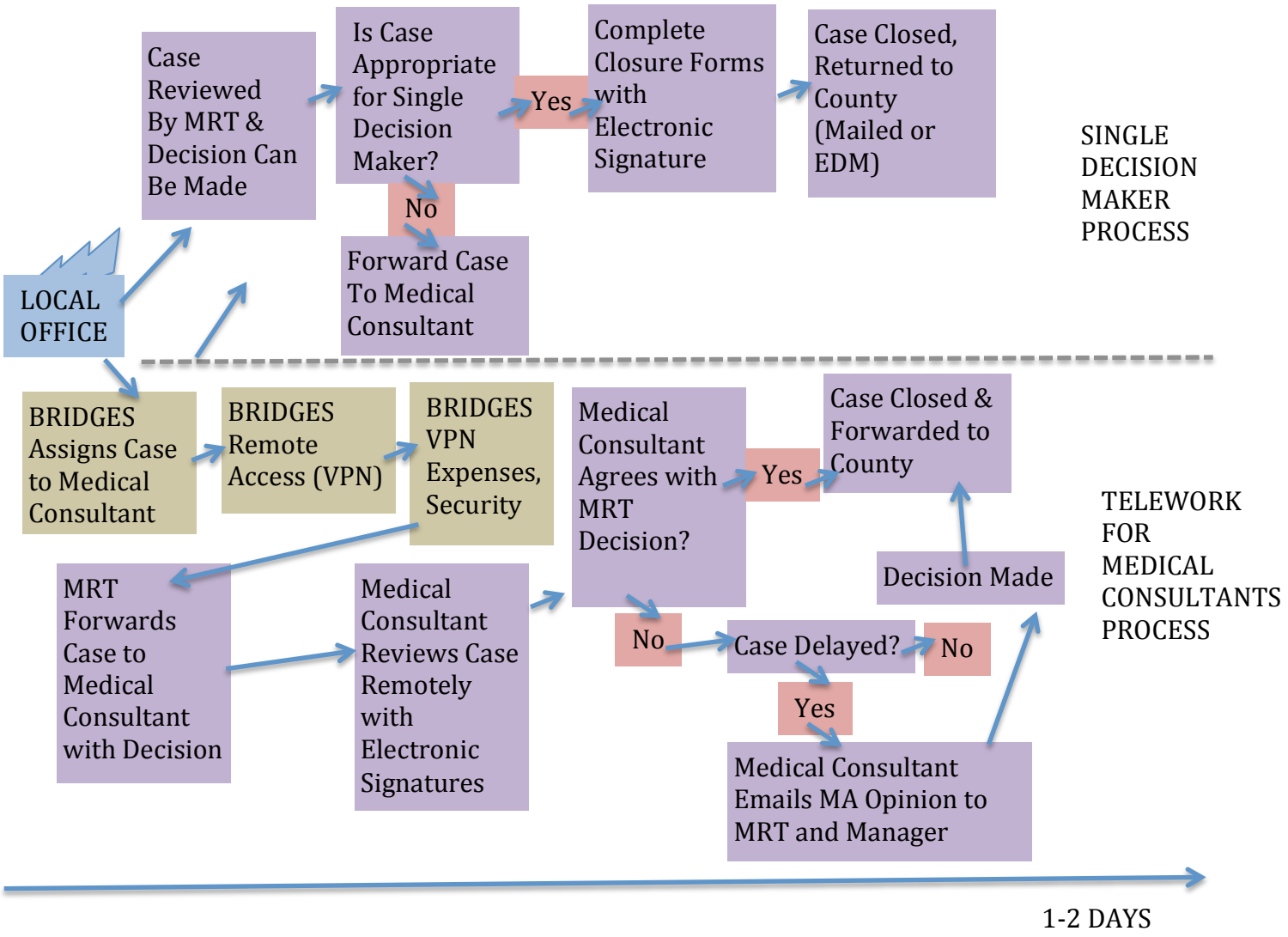


Diagram 17. Future State Value Stream Maps MRT Single Decision Maker and MRT Telework for Medical Consultants

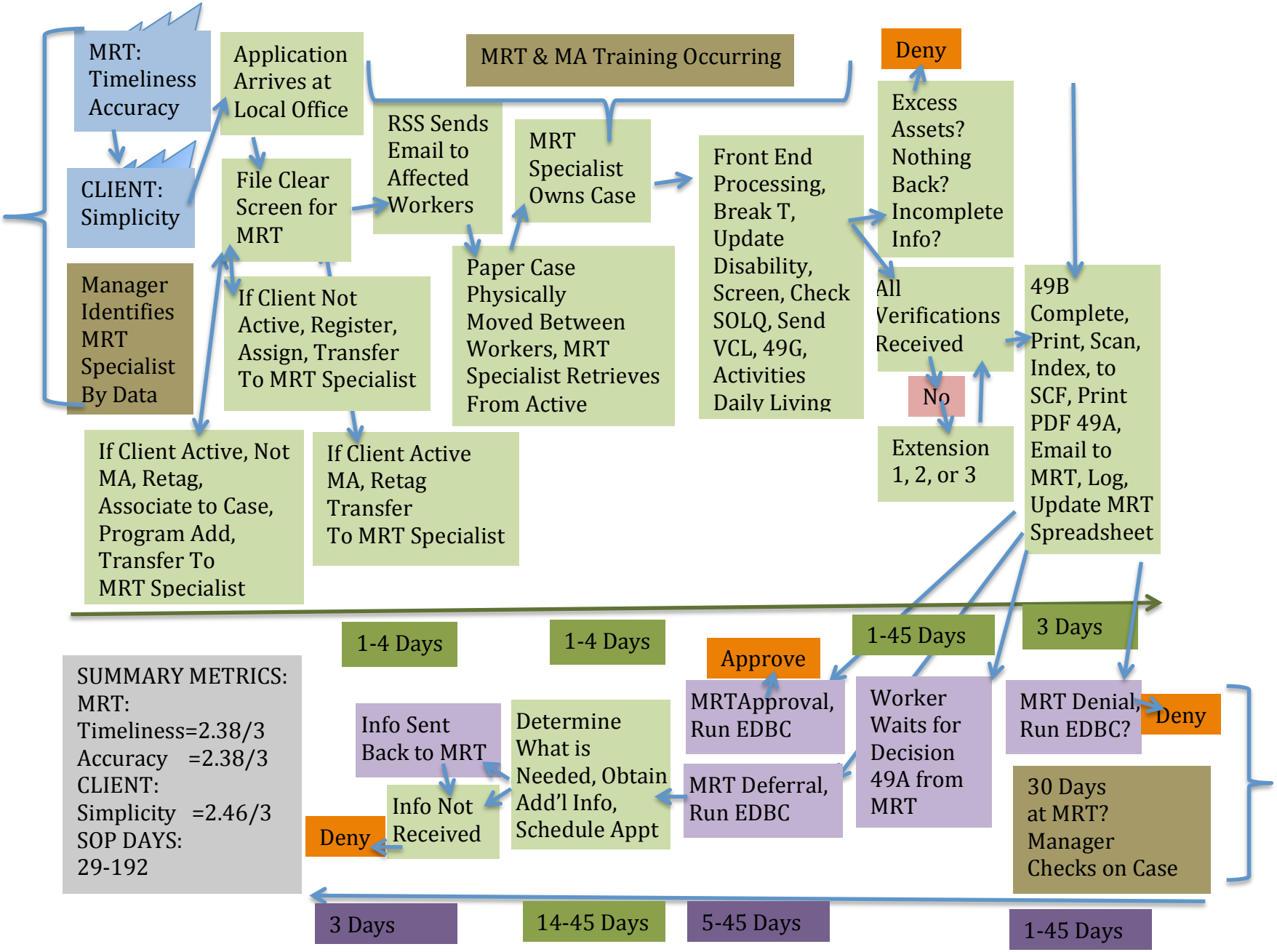


Diagram 18. Future State Value Stream Map MRT Specialization at Local Offices

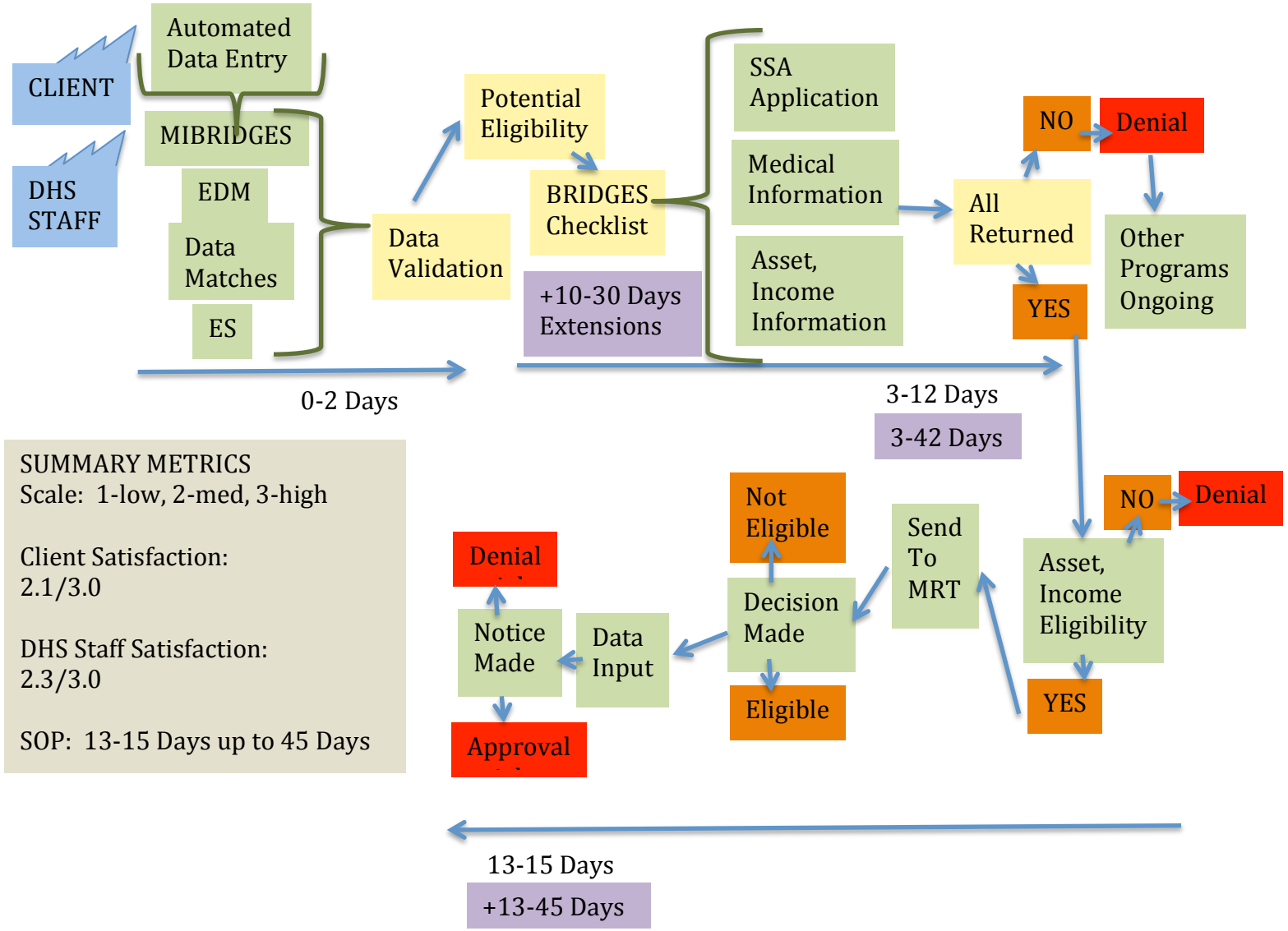
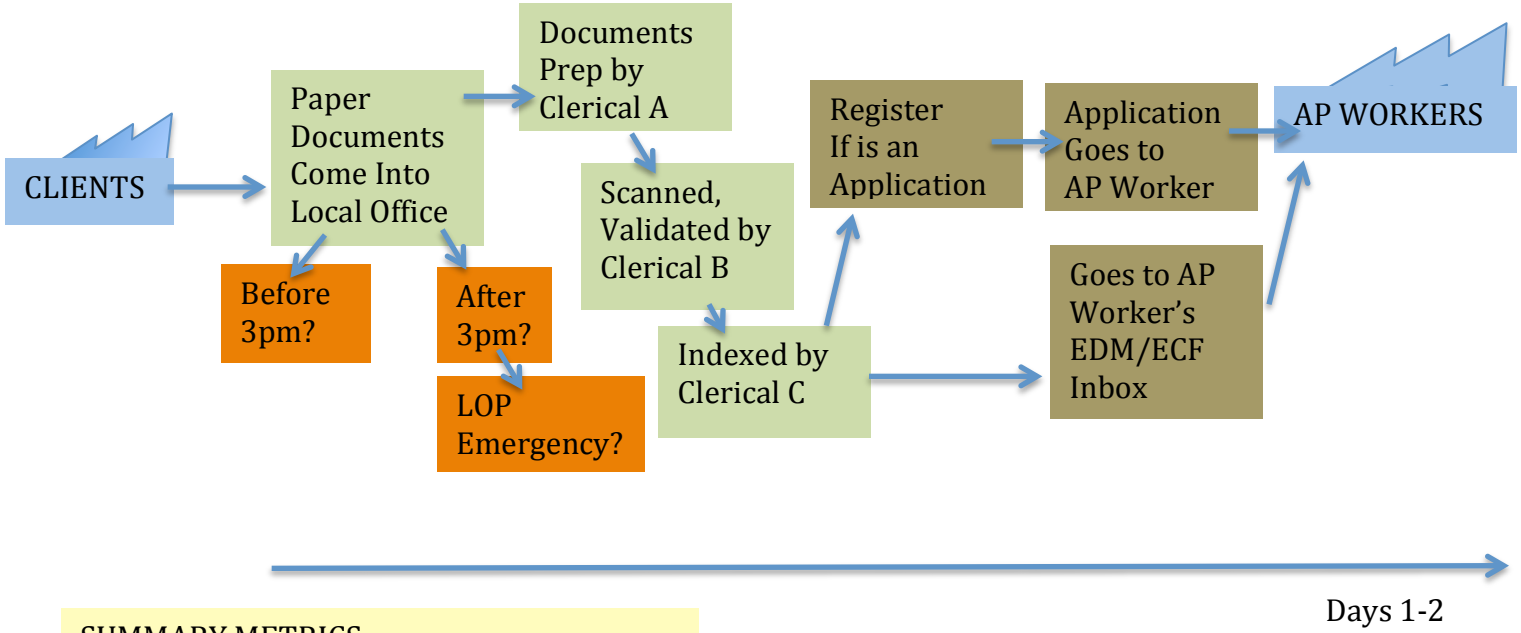


Diagram 19. Future State Value Stream Map BRIDGES Capacity Development for MA Application Front to End



SUMMARY METRICS
Satisfaction Scale 1-low, 3-med, 5- high

Clients:
Case Opened, Changed, Reviewed – 5.0

AP Workers:
SOP – 3.9
No or Less Calls – 5.0
Timely Availability of Documents – 5.0

Diagram 20. Future State Value Stream Map EDM Hybrid Management

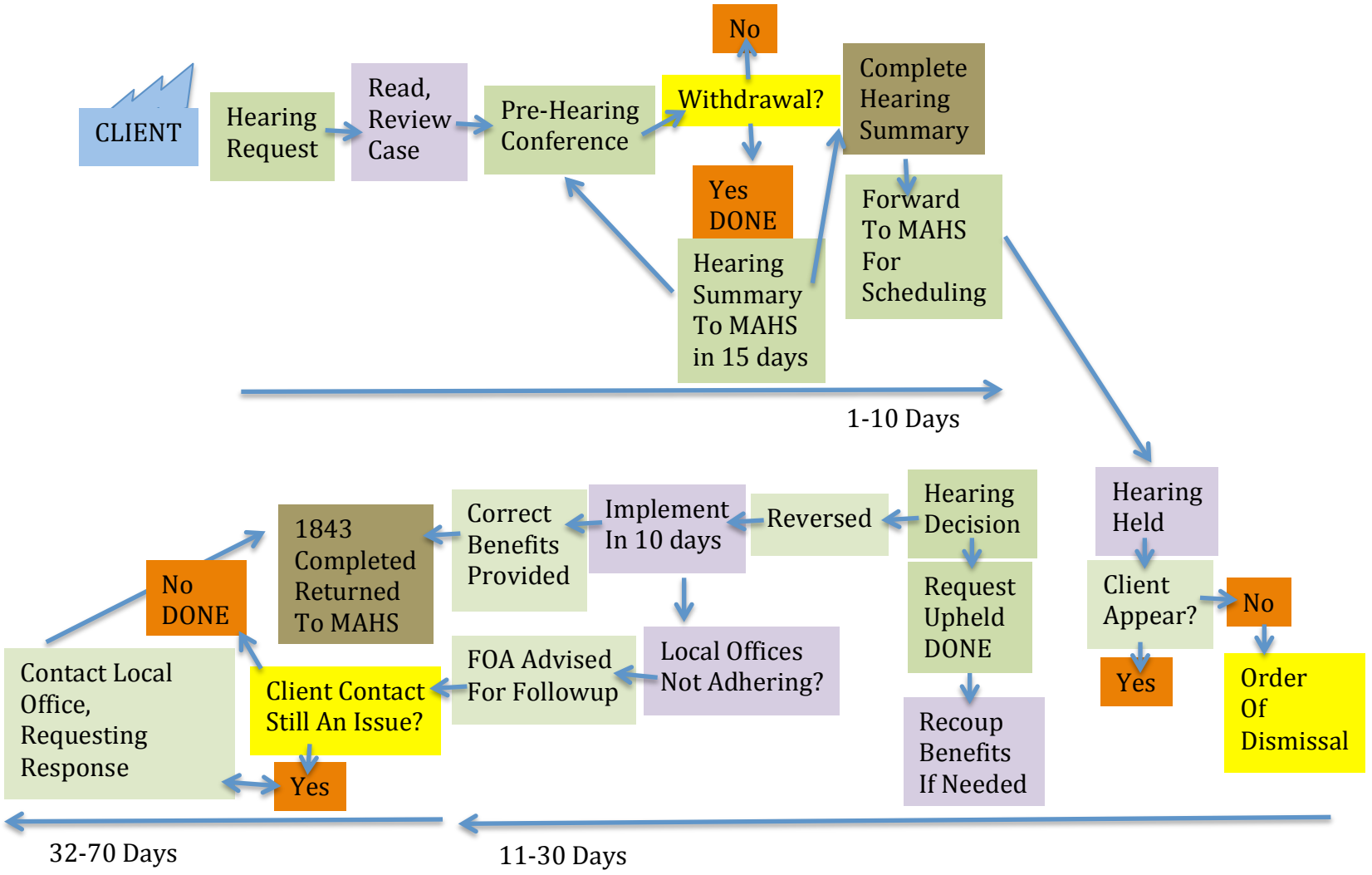


Diagram 21. Future State Value Stream Map Hearings Process Improvement MA Applicants

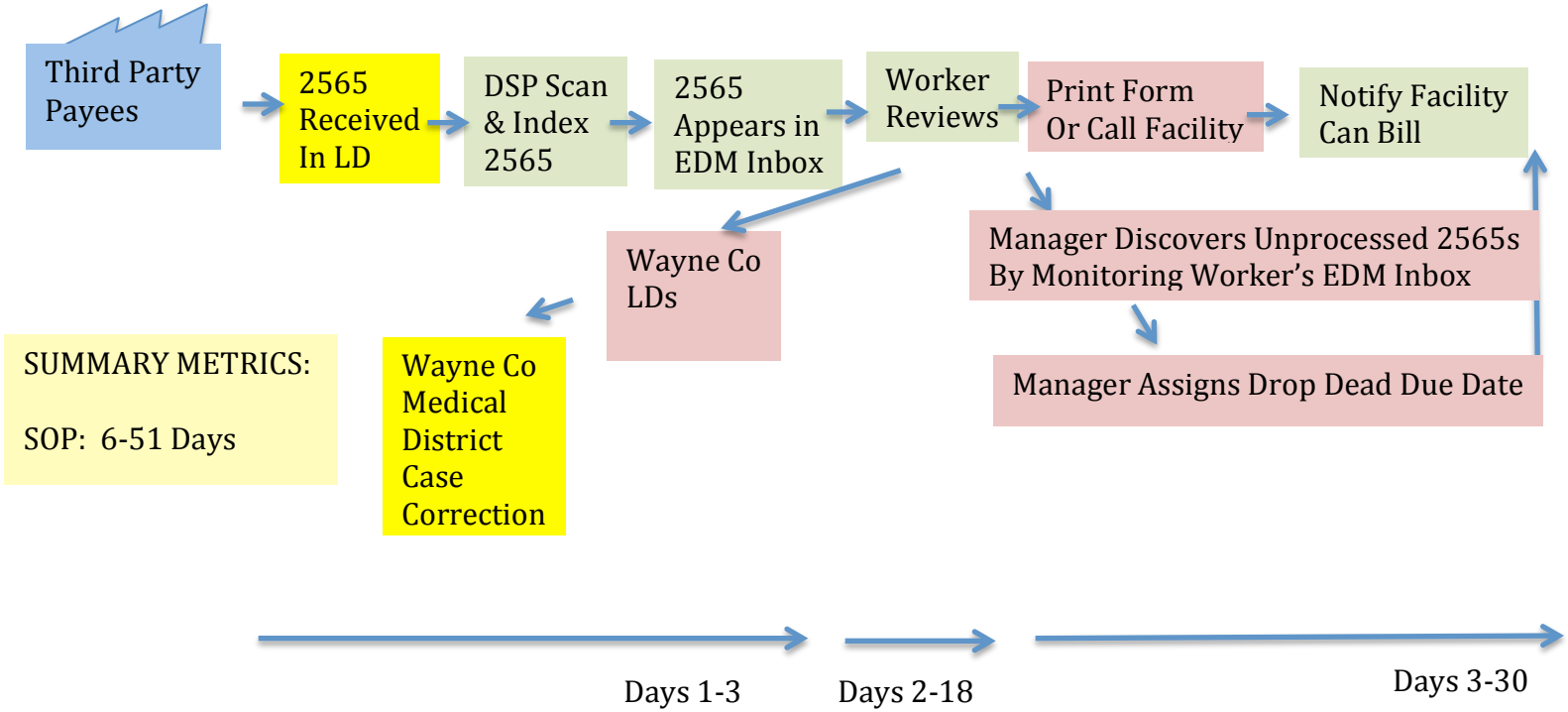


Diagram 22. Future State Value Stream Map 2565's to Department of Community Health via EDM

These Future State Value Stream Maps, developed from Current State Maps and Kaizen, represent four direct and four indirect possible options for the 15-day MA SOP reduction. These eight projects were then placed into the following force field and analyzed for degree of impact on SOP reduction and ease of implementation as presented in Diagram 23 below.

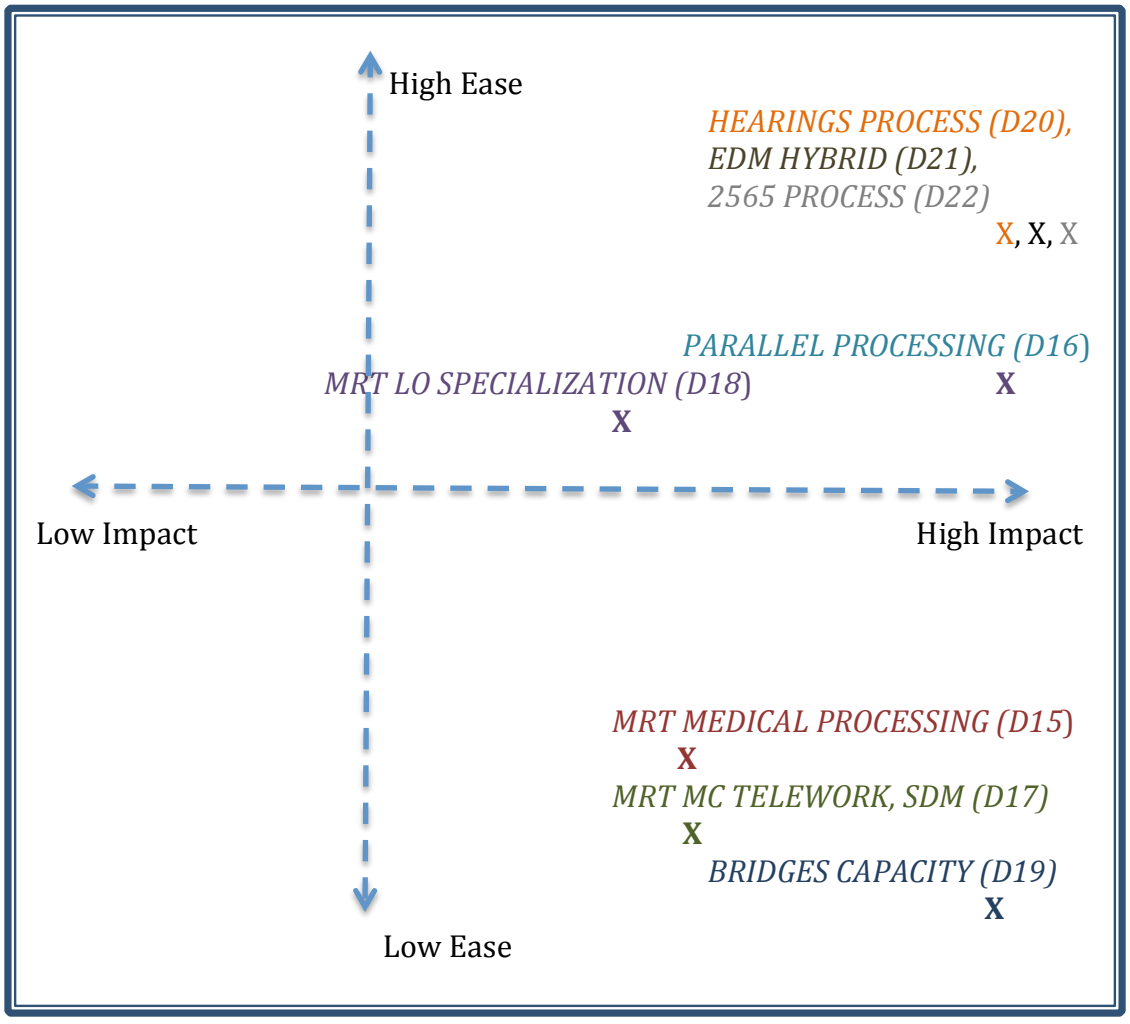


Diagram 23. Force Field Analysis Diagrams 16-19 Based on Impact, Ease

Diagram 23 highlighted how important all eight improvement projects were in terms of impact. All were moderate to high impact. The Hearings Process (Diagram 20), the EDM Hybrid (Diagram 21), and the 2565 Process (Diagram 22) ranked as the easiest to implement with high impact. SSA/DDS Parallel Processing (Diagram 16) and MRT Local Office Specialization (Diagram 18) were also low to moderately low easy to implement. MRT Medical Processing (Diagram 15) and MRT Medical Consultant Telework and Single Decision Maker (Diagram 17) were low to moderately low ease to implement. And finally, BRIDGES Capacity Development (Diagram 19) was high impact, but hardest to implement. Further, it was known that direct impact on SOP was present with the first four (Diagram 15-18), MRT Medical Processing, SSA/DDS Parallel Processing, MRT Single Decision Maker and Telework for Medical Consultants, and MRT Local Office Specialization. Further, all four processes are not compatible. So, these four diagrams were weighed carefully. Three of the four remaining non-direct impact on SOP processes (Diagrams 20-22) were independent projects, ready to proceed, while the last of the four non-direct SOP processes, BRIDGES Capacity Development (Diagram 19) was set aside for implementation later.

Summary of Kaizen and Future State Analysis with Value Stream Mapping, Stage Four

The use of kaizen to test thinking and eliminate defects was useful in this stage of the RIE. Participants were able to use future state analyses and value stream mapping to set out process improvements after

testing the current state with kaizen techniques. It was determined that four projects had direct high to moderate potential for impacting the 15-day SOP reduction and four others had non direct high potential. The four with direct impact were MRT Medical Processing, SSA/DDS Parallel Processing, Medical Consultant Telework and Single Decision Makers for MRT, and MRT Specialization at Local Offices. They all had moderate to high impact potential with varying degrees of ease to implement. The four with non-direct impact were BRIDGES Capacity Development, Hearings Process Improvements, EDM Hybrid Process and 2565 Process Cleanup. Some aspects of these potential improvement projects were related to the 17 pilots from Stage Two, Lean Orientation and Piloting I, while other aspects were studied in Stages Three and Four. Stage Five, Piloting II, provided four additional days of pilot development. This is presented in the next section.

The Lean Rapid Improvement Event

Piloting II, Stage Five

After engaging in the RIE, learning about lean, using lean and analyzing current state results and future state implications, the participants were ready to either continue piloting, create a new pilot, and/or conduct kaizen. This occurred during a four-day interlude in the Lean RIE, Stage Five, Piloting II.

Description of the Lean Rapid Improvement Event, Piloting II, Stage Five

During this stage of the RIE, participants returned to their work sites and continued to test former and new ideas. Many of the participants had now developed their pilot A3s with greater depth of understanding. The piloting work was embedded in the responsibilities of the regular workday duties, so the RIE participants had to maintain their current work processes, while making time for their pilots.

During the four days, Dr. Flumerfelt and Ms. Listman visited each of the RIE participants at least once and most were visited four times. The purpose of these visits was to make sure that the RIE participants were not facing unnecessary barriers, that they were supported, and that they understood the implications of the continuous improvement cycle of PDCA of their pilots where they worked

There were 21 pilots in evidence during the four days. They were:

1. Client Preparation through 49 Series and Verification Checklist Snapshots.
2. Improvements to the Lobby Navigation documents for BRIDGES workarounds.
3. Improvements to Lobby Navigation Client Desk Aides.
4. Potential MRT Cases Tested with Choice Theory in BRIDGES and Flagged at Registration
5. Expediting of MRT Deferrals from the Local Office to MRT at MRT
6. Development of an MRT Pending List at the Local Office
7. Development of an MRT Checklist
8. Client Education and Preparation on MA Timelines
9. Report Generation for T Flips to Case Assignment and Processing
10. Verification Checklist T Flips in One Day
11. Hearings Process Improvements
12. EDM Hybrid Management
13. MRT Backlog Management
14. MRT Same Case Assignment
15. DDS Dashboard Development
16. SSI Advocacy Training Improvements
17. SSI Advocacy Communication Improvements
18. SHRT Improvements
19. MRT Training Improvements for ES Workers
20. FEE Improvements
21. Elimination of old 2565's

Findings of the Lean Rapid Improvement Event, Piloting II, Stage Five

For each of the four days of piloting, the RIE participants were very invested in their pilot work. They readily shared what they were seeing about the processes, additional ideas they had for further improvements, and inquired about issues they were unsure about. Some issues Dr. Flumerfelt and Ms. Listman helped to solve within the four days by brokering communication and offering solutions to barriers.

Some projects were interrelated as well. For instance, providing Verification Checklist snapshots to clients at lobby navigation required input from MRT. Since MRT was preparing an MRT checklist for workers and clients, this information could be folded in to the other pilot.

RIE participants reported high levels of learning during this four-day stage and that they were eager to return to Stage Six, Action Planning, to share their learnings and listen to others.

Summary of the Rapid Improvement Event, Piloting II, Stage Five

This stage took place over four days. Several pilots were carried forward from Stage Two, Lean Orientation and Piloting I, or developed further. A few new pilots emerged, resulting in 21 tests or experiments occurring to reduce the 15-day MA SOP. During the next stage, Action

Planning, the lessons learned were culled down focused into real work through action planning.

Lean Rapid Improvement Event
Action Planning, Stage Six

The next stage of work, Stage Six, Action Planning, enabled the RIE participants to think about how to operationalize and sustain the improvement work they had formulated over the last two weeks. The progress made over two weeks was very impressive and the participants had now become highly invested in the 15-day reduction of the MA SOP.

Description of the Lean Rapid Improvement Event, Action Planning, Stage Six

The Stage Six, Action Planning, was designed for kaizen work and remaining future state analyses required after the four days of Piloting II in Stage Five. Action planning in this RIE was connected to lots of critical thinking about the need for improvement, listening to honest conversation about where value and waste existed, and learning not to blame or transfer responsibility for problems one can solve.

Action Planning required some high degree of consensus regarding the work to be done. The Action Planning templates used were modeled after the Implementation Charts in the DO section of the A3s. RIE participants were asked to examine pilot A3s and future state value stream maps and develop Implementation Charts. These findings are presented next.

Findings from the Lean Rapid Improvement Event, Action Planning, Stage Six

There were several implementation charts created collectively from the major future state value stream maps. Previous implementation charts examples from the pilots were displayed with a sample series of A3s in the section on Lean Orientation and Piloting I, Stage Two.

The implementation charts are sorted into two timelines. One timeline is recommended for implementation in July 2013 and a second timeline is recommended for implementation in January 2014.

The six July 2013 implementation charts were:

1. Local Office MRT Specialization (Table 6)
2. MRT Medical Consultant Telework and Single Decision Maker (Table 7)
3. Breaking the MRT Backlog (Table 8)
4. Preparing the Client (Table 9)
5. Expediting Possible MRT Cases (Table 10)
6. Managing Knowledge (Table 11)

1. Local Office MRT Specialization		
Task	**Due**	**Person Responsible**
Identify number of staff by data	1 week	Local DHS Offices Management
Review report history	1 week	Local DHS Offices Management
Solicit and select volunteers	1 week	Local DHS Offices Management
Disperse caseloads	1 month	Local DHS Offices Management, Worker
Transfer all current MA-P to SS	2 weeks	Local DHS Offices Management, Worker
Train RSS to screen and to reassign	1 week	MRT
Train SS in MA-P process	1 week	Local DHS Offices Management
Create a tracking log on shared drive	DONE	Local DHS Offices Management
Process for hearings	1 day	Local DHS Offices Management

Table 6. Local Office MRT Specialization

2. MRT Medical Consultant Telework	
Task	**Person Responsible**
Set up VPN for doctors and obtain laptops	IT/ DTMB
Create electronic signatures for doctors and examiners	EDM, BRIDGES
Internal EDM procedure change	MRT
Training for MRT and doctors	MRT
Create a case assignment process for doctors	MRT, EDM, BRIDGES

Table 7. MRT Medical Consultant Telework

3. Breaking the MRT Backlog	
Task	**Person Responsible**
Expedite deferrals	MRT Management, Data Input
Reassign same MRT examiner	MRT Management, Data Input
Order case review by date of application	MRT Management, Data Input

Table 8. Breaking the MRT Backlog

4. Preparing the Client	
Task	**Person Responsible**
Provide VCL and 49s snapshot	MRT, Local DHS Offices Management
Provide verbal and visual timeline reminders	Local DHS Offices Management

Table 9. Preparing the Client

5. Expediting Possible MRT Case	
Task	**Person Responsible**
Screens to flag possible MRT to MRT Specialist	Local DHS Offices Management
Provide MRT checklist to ES workers	MRT
Establish and standardize MRT-Local Office communication protocol	MRT, Local DHS Offices Management
One day VCL to clients	ES Workers

Table 10. Expediting Possible MRT Cases

6. Managing Knowledge	
Task	**Person Responsible**
Aging Report on T Flips and MRT Pendings	BRIDGES, FOA
SSI Advocacy Training	SSI Advocacy Unit
SSI Advocacy Communication	SSI Advocacy Unit
Worker Training on MRT	FOA, DDS
Dashboard Development	DDS

Table 11. Managing Knowledge

These Implementation Charts, Tables 6-11, were designated for rapid implementation and had direct short-term or long-term impact on the 15-day SOP target reduction.

Pushing out the timeline, seven additional January 2014 implementation charts were:

7. DDS, MRT Parallel Processing (Table 12)
8. EDM Hybrid Rollout (Table 13)
9. MRT Single Decision Makers (Table 14)
10. BRIDGES Optimization (Table 15)
11. Hearing Enforcement (Table 16)

12. Third Party Relationships with Electronic Processing 2565 (Table 17)
13. Reduction of FEE Referral Rejections (Table 18)

7. SSA, DDS Parallel Processing
Task
Policy change: a. Pursuit of benefits mandatory at application b. Allow only ten days for income, asset VCL OR Expand memo of understanding between DHS and DDS to allow DHS to view data in DDS system for income, asset verification c. Align DHS policy regarding MRT extensions for verification and cooperation time frames
DDS examiners responsible for medical development, work history and ADLs
DHS worker checks SOLQ for pending SSA within one day
Increase resource allocation to DDS for medical processing

Table 12. DDS, MRT Parallel Processing

8. EDM Rollout		
Task	**Due**	**Person Responsible**
Train clerical to document preparation/scanning/validation	2 mo	Local DHS Offices Management
Train clients to use kiosks	3 mo	Clerical AP
Train AP workers on EDM	3 mo	Local DHS Offices Management
Add more kiosks		FOA
Establish local office procedures for emergencies and good communication		Local DHS Offices Management

Table 13. EDM Hybrid Rollout

9. MRT Single Decision Makers	
Task	**Person Responsible**
Policy change on Single Decision Makers (SDM)	DDS Management, DDS Policy, FOA
Identify and define SDM cases	MRT Management
SDM training for MRT	MRT Management
Create quality standards and review process	MRT Management

Table 14. MRT Single Decision Maker

10. BRIDGES Optimization	
Task	**Person Responsible**
Restructure system	DHS-DTMB
Foster employee paradigm shift	DHS
Clarify policy	DHS
Redesign training	Office of Workforce Development and Training
Update policy	Policy Department

Table 15. BRIDGES Optimization

11. Hearings Enforcement	
Task	**Person Responsible**
BRIDGES report of cases in override mode & Hearings SOP tracking	FOA
Evaluate Hearings pilot in Genesee	FOA
Messaging on Hearings Enforcement	FOA
Allocation of dedicated staff person	DHS

Table 16. Hearings Enforcement

12. Third Party Relationships EDM of 2565's	
Task	**Person Responsible**
Continue EDM rollout	FOA
Business processes for managers	FOA
DCH notifies providers of processing changes	DCH
DCH reporting process	DCH
Non-compliant DHS offices reports	FOA

Table 17. Third Party Relationships Electronic Processing of 2565s

13. Reduction of FEE Referral Rejections	
Task	**Person Responsible**
Review FEE memo	SSPC
Review feedback from FEE Supervisor	SSPC
Issue memo with new guidelines	SSPC

Table 18. Reduction of FEE Referral Rejections

Summary of Lean Rapid Improvement Event, Action Planning, Stage Six

The results of Stage Six, Action Planning, produced concrete plans to varying degrees recommended for operationalization in two phases, beginning in July 2013 and January 2014. Some of the reasoning behind splitting these Implementation Charts into two timelines was due to the ease of implementation and consideration of the implications of the pending Healthcare Exchange, slated to rollout October 2013 through December 2013. There were 13 Implementation Charts presented either directly and immediately with the ability to impact the MA SOP or to contribute to positive supporting conditions needed for successful MA process deployment.

The first part of the next stage of the RIE was developed at the request of the RIE participants, Stage Seven, Kaizen. Stage Seven also includes Reporting with Recommendations.

The Lean Rapid Improvement Event, Kaizen and Reporting, Stage Seven

Stage Seven, Kaizen and Reporting, occurred as the last part of the RIE. The Reporting aspect of this stage was not added, but the Kaizen was developed because RIE participants requested more opportunities to exchange summarizing thoughts with each other.

Description of the Lean Rapid Improvement Event Kaizen and Reporting, Stage Seven

Kaizen, Stage Seven, of the RIE was slated for a two and a half hour Shark Attack Session on June 13, 2013. Previous RIE participants were invited to attend and 25 did, joining a meeting at the Lansing Field Operations Administration Offices. Prior to the Kaizen Shark Attack, three major processes were selected for Kaizen by Ms. Listman, FOA, and Dr. Flumerfelt, Charactership Lean Consulting Inc. They were: 1) Local Office MRT Specialization with 15-Day SOP Reduction Potential, 2) SSA/DDS Parallel Processing with a 15-Day SOP Reduction Potential, and 3) Breaking the MRT Backlog with a 15-Day Reduction Potential.

The meeting was structured to conduct a Shark Attack Kaizen with these three processes using various aspects of Reporting, such as the latest Future Value Stream Maps from Stage Five and the Implementation Charts from Stage Six, Action Planning. The agenda was:

1:00-1:05pm Opening Comments
1:05-1:25pm Overview of Three Maps with Participant Introductions
1:25-1:30pm Review of Kaizen Standards and Tools: Rumor Has It and Four Strategy Kaizen Template
1:30-1:35pm Organizing into Kaizen Work Groups
1:35-1:40pm Kaizen Rumor Has It
1:40-2:00pm Four-Strategy Kaizen Template
2:00-2:30pm Future State Value Stream Maps
2:30-2:50pm Kaizen Debrief
2:50-3:10pm Action Planning
3:10-3:20pm A3 Sketch
3:20-3:30pm Action Planning Debrief
Final Comments, Observations

Findings of the Lean Rapid Improvement Event, Kaizen and Reporting, Stage Seven

The findings of the Kaizen Event were that three major processes were reworked using Rumor Has It and then the Kaizen Four-Strategy Template. Rumor Has It and the Four Strategy-Kaizen Templates produced these findings below in Tables 19 for MRT Specialization at Local Offices, Table 20 for SSA/DDS Parallel Processing, and Table 21 for Breaking the MRT Backlog.

MRT Local Office Specialization Project			
Stage One Kaizen: Rumor Has It Template			
Rumor Has It That:		*Our Zero Defect Thinking Response Is:*	
Due to volume, 3 assigned specialists are not effective		*Ongoing monitor needs SOP*	
My disability worker on disability		*Cross training, be prepared when someone on disability/medical*	
Only the person who made actions can do case hearings and represent		*Assign hearings to all specialists*	
MRT can handle hearings		*MAHS will explore this possibility*	
Specialized worker will be overwhelmed with additional programs		*Possible SER worker set up*	
Loss of skills due to specialization		*Narrow, but deep, knowledge*	
Stage Two Kaizen: Four Strategies A-D			
Strategy A-Attack the Defect with Zero Defect Thinking: *What are the defects/gaps that are preventing the Target Condition?*			
Lack of training and knowledge	Multi-tasking with all programs	Staff availability	Selection process, preferential treatment vs. equal work for all
Strategy B-Create a Remedy with Zero Defect Thinking *What is the remedy needed for the defects/gaps?*			
Provide joint MRT training	Use specialization	Backups and load splits	Management decisions
Therefore, we need to:			
Reduce deferrals		Plan	Communicate specialization rationale
Strategy C-Ensure the Remedy with Zero Defect Thinking *What if the remedies do not work? How can we ensure the remedies?*			
Time	Finding the right ratio of cases	Ongoing monitoring of caseloads, process	
Strategy D-Create New Performance Metrics with Zero Defect Thinking: *What are the new performance metrics needed for the remedies? How will we measure them?*			
SOP Increases	Morale, Perceptions	Deferral Rate	#Hearings
Evaluate Weekly	Staff Mtg Feedback	Monitor Weekly	Pace of Approvals

Table 19. MRT Specialization Kaizen

SSA/DDS Parallel Processing Project			
Stage One Kaizen: Rumor Has It Template			
Rumor Has It That:		*Our Zero Defect Thinking Response Is:*	
It takes too long for the application to be processed		*Applicants come prepared to apply*	
SSA will not like this proposal		*We will expand a memo of understanding. It will be less work for SSA if DDS can process first for SSI*	
The consultant fee will increase		*The fee is already high due to the specialist exams needed*	
Stage Two Kaizen: Four Strategies A-D			
Strategy A-Attack the Defect with Zero Defect Thinking: *What are the defects/gaps that are preventing the Target Condition?*			
Unaware of or unable to understand medical reports	Too many hand offs	Non-specialized loads currently	A lack of tracking
Strategy B-Create a Remedy with Zero Defect Thinking *What is the remedy needed for the defects/gaps?*			
Use electronic processing with SSA	One-stop shopping	Specialized load-ALJ-SSA/831-Ecaf	Tracking with EDM by case number
Therefore, we need to:			
Consultative exams			
Strategy C-Ensure the Remedy with Zero Defect Thinking *What if the remedies do not work? How can we ensure the remedies?*			
Electronic DDA/SSA		Specialized caseload	
Strategy D-Create New Performance Metrics with Zero Defect Thinking: *What are the new performance metrics needed for the remedies? How will we measure them?*			
Processing time No deferrals No SHRT		Case types Management reports Backlog reports Medical expenses	
Quality Assurance System			

Table 20. SSA/DDS Parallel Processing Kaizen

Breaking the MRT Backlog Project			
Stage One Kaizen: Rumor Has It Template			
Rumor Has It That:		*Our Zero Defect Thinking Response Is:*	
MRT has Single Decision Makers		*Policy must be changed, but it is a way to ensure a quality decision*	
A quality control system is needed		*No current resources are available, but lean utilizes current social capital resources*	
Computer system is unable to prioritize by application date		*A systems change will be made*	
MRT work can be done via telecommuting		*Security issues regarding laptops, VPN's are needed. MRT's are dual systems that need BRIDGES*	
Stage Two Kaizen: Four Strategies A-D			
Strategy A-Attack the Defect with Zero Defect Thinking: *What are the defects/gaps that are preventing the Target Condition?*			
Computer system is unable to sort by app date	Case assignment and sorting	Case assignment and sorting	Case assignment and sorting
Strategy B-Create a Remedy with Zero Defect Thinking *What is the remedy needed for the defects/gaps?*			
Make systems compatible and user friendly	Data management	Use the query	Use specialized loads of backlogged cases
Therefore, we need to:			
	Create a system	Create the query	Communicate specialization rationale
Strategy C-Ensure the Remedy with Zero Defect Thinking *What if the remedies do not work? How can we ensure the remedies?*			
Physically done by week, not day			
Strategy D-Create New Performance Metrics with Zero Defect Thinking: *What are the new performance metrics needed for the remedies? How will we measure them?*			
DI Adds Tasks			
Evaluate Backlog			

Table 21. Breaking the MRT Backlog Kaizen

The kaizen work revealed that current perceptions could interfere with these projects if left unaddressed. In Tables 19-21 above, Stage One Kaizen was represented by Rumor Has It and Stage Two Kaizen was represented by the Four Strategies A-D Template. This work was done to sharpen the thinking of the RIE participants before examining the value stream maps previously prepared and presented and to ensure zero defect thinking.

The value stream map for the MRT Specialization Project had previously been developed through the stages of current state mapping, kaizen and future state mapping. So, this kaizen work was a second round of examination of what was needed in a second future state map (Diagram 24). The value stream for the SSA/DDS Parallel Processing Project had also been previously developed through the stages of current state mapping, kaizen and future state mapping. So, this kaizen work was also a second round of examination of what was needed in a second future state map (Diagram 25). The value stream map for the MRT Backlog Project had been previously developed through the stages of current state mapping. MRT had conducted an independent kaizen exercise during the RIE and had started to look at strategies through the various pilots, such as expedited MRT deferrals, ordering work by application date versus receipt date, and reassigning deferrals to the original MRT Examiner. Much of this previous work influenced this round of future state mapping (Diagram 26). Future Value Stream Map Diagrams 24-26 are shown next, summarizing the solutions for these three projects.

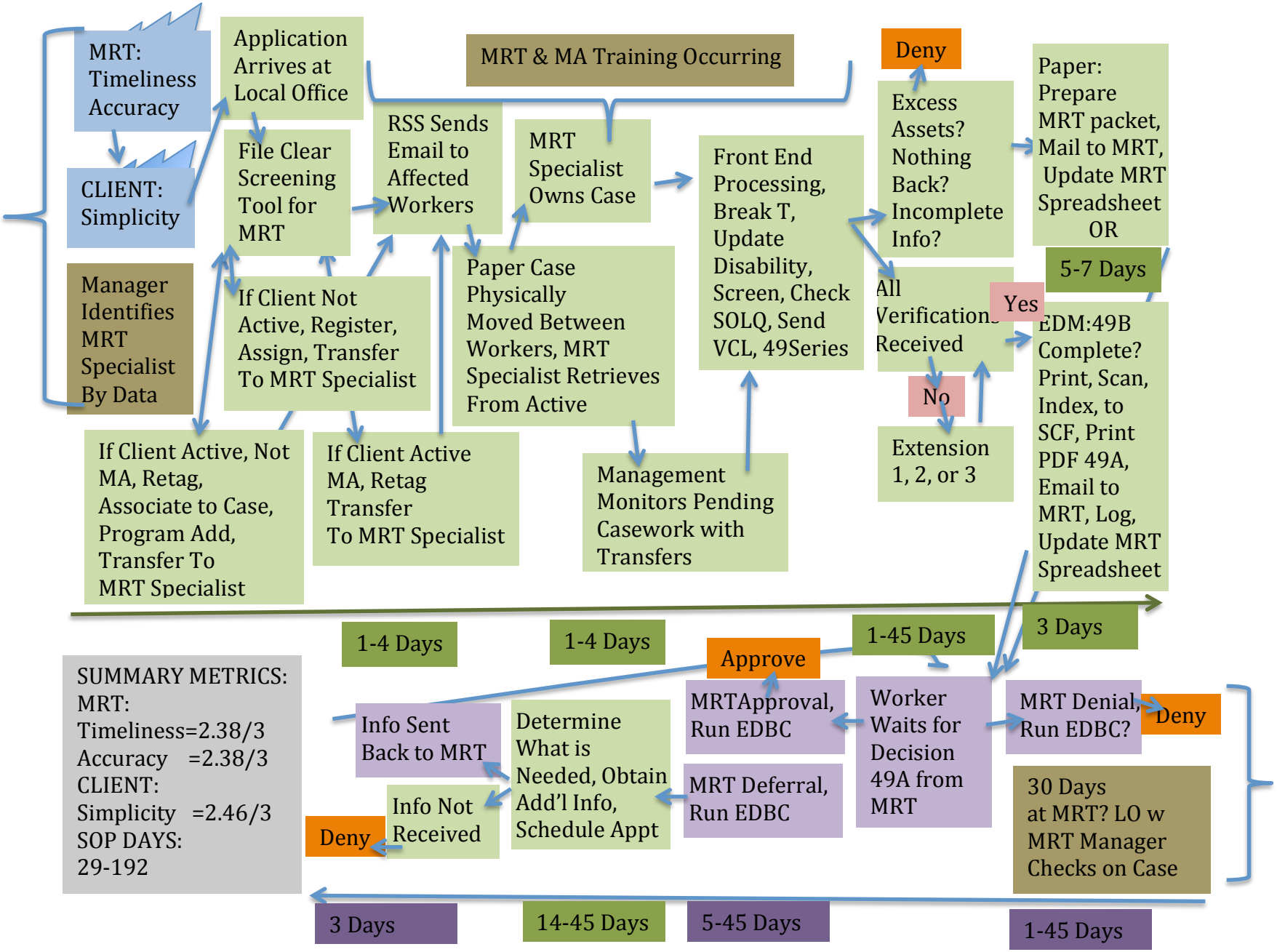


Diagram 24. Stage Seven Future Value Stream Map MRT Specialization at Local Offices

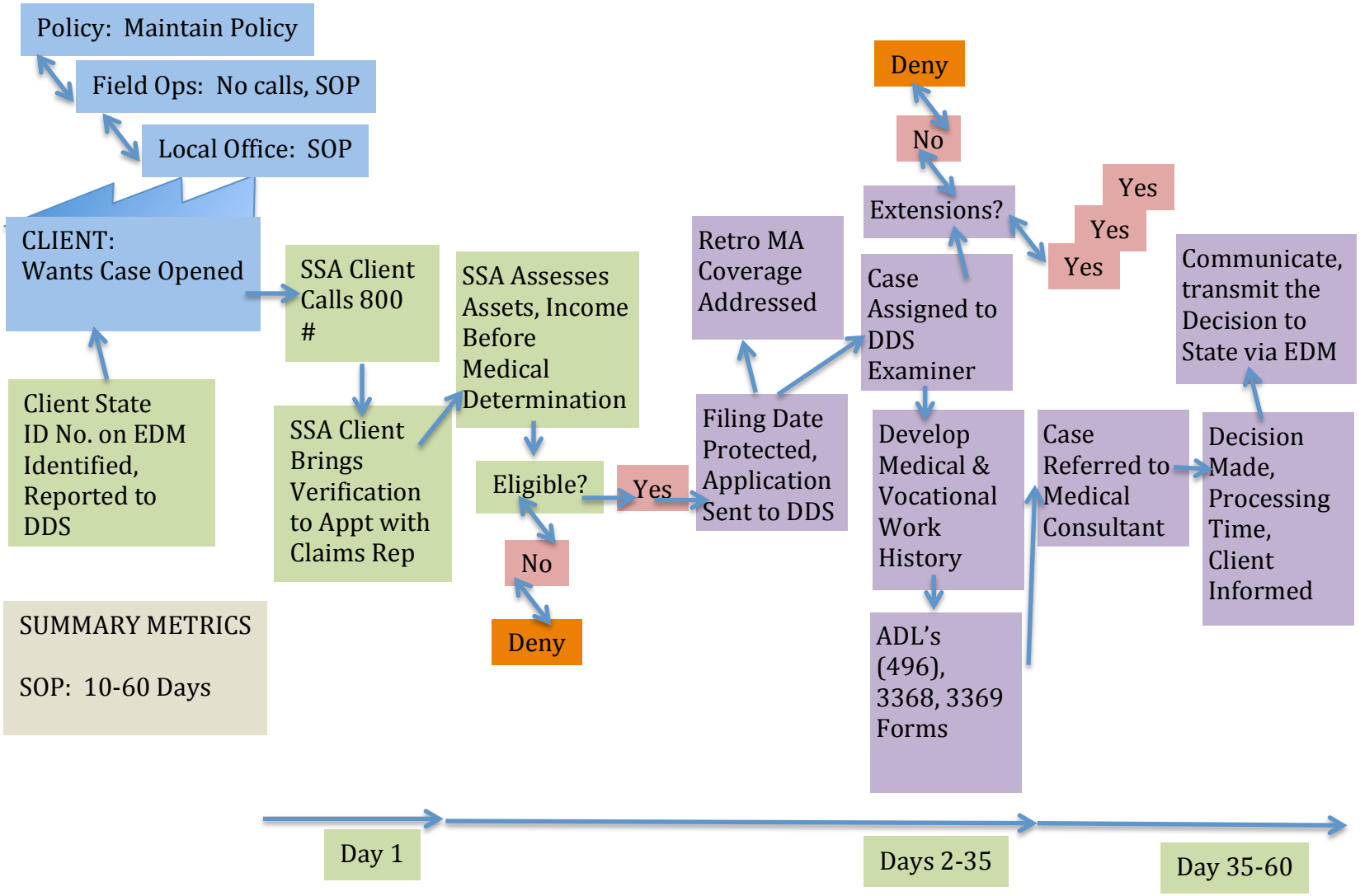


Diagram 25. Stage Seven Future State Value Stream Map SSA/DDS Parallel Processing

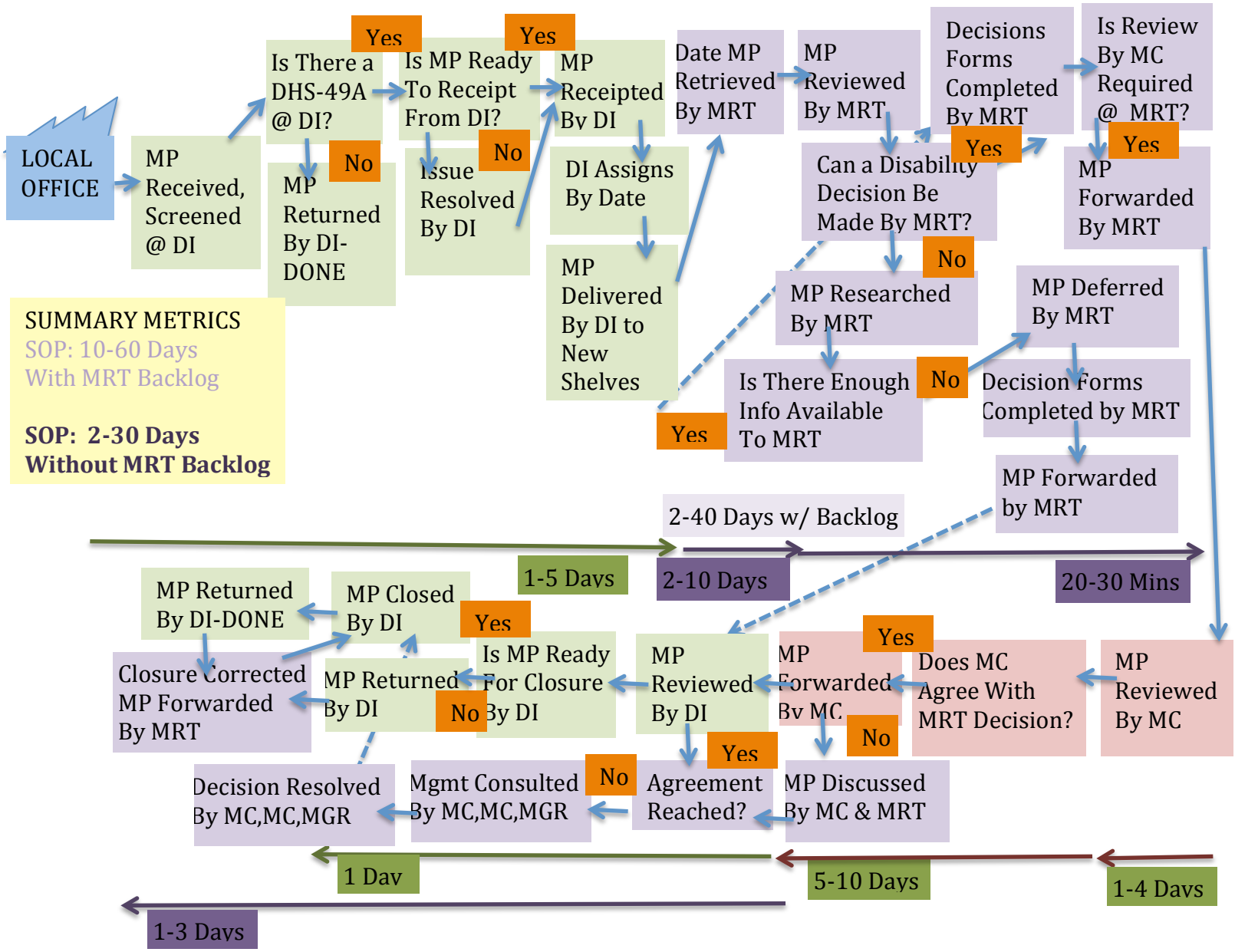


Diagram 26. Stage Seven Future State Value Stream Map Breaking MRT Backlog

These future state value stream maps for the three major projects highlighted that these process improvements will substantially impact efficiencies needed to improve the MA SOP. The ability to streamline worker decision making through specialization, to make use of federal processes to reduce redundancies, and to create and sustain MRT pace of work against a shared MA SOP were breakthroughs for the RIE.

Action Planning for the three projects resulted in these Implementation Charts, Tables 22-24. These charts set out the steps needed for the work to occur for each project and were folded into the final A3s for each project.

Local Office MRT Specialization		
Task	**Due**	**Person Responsible**
Identify number of staff by data & report history	1 week	Local DHS Offices Management
Solicit and select candidates	1 week	Local DHS Offices Management
Disperse caseloads	1 month	Local DHS Offices Management, Worker
Transfer all current MA-P to ES	2 weeks	Local DHS Offices Management, Worker
Train RSS to screen and to reassign	1 week	Local DHS Offices Management, MRT, OWDT
Train ES and Manager in MA-P process	1 week	Local DHS Offices Management
Create a tracking log on shared drive	DONE	Local DHS Offices Management
Develop a written local process including hearings	1 week	Local DHS Offices Management

Table 22 (previously Table 6, page 80). Local Office MRT Specialization Implementation Chart

SSA, DDS Parallel Processing
Task
Policy change: a. Pursuit of benefits mandatory at application b. Allow only ten days for income, asset VCL OR expand memo of understanding between DHS and DDS to allow DHS to view data in DDS system for income, asset verification c. Align DHS policy regarding MRT extensions for verification and cooperation time frames
DDS examiners responsible for medical development, work history and ADLs
DHS worker checks SOLQ for pending SSA within one day
Increase resource allocation to DDS for medical processing
Policy coordination of benefits in reference to SSA
Expand memo of understanding with local, State, Federal stakeholders
Align DDS and DHS rules
Set up income and assets as client preparation to bring to appointment and then determine policy and legal affairs
Set up application process: No 49 series needed and SOLQ for pendings SSA processed in one day—need to apply for SSA (DNS1552)
Field operations impacted by increases of resources to DDS for medical processing

Table 23 (previously Table 12, page 82). SSA/DDS Parallel Processing Implementation Chart

Breaking the MRT Backlog	
Task	**Person Responsible**
Order case review by date of application	MRT Management, Data Input
Check on system capability	MRT Management, Data Input
Consider query setup	MRT Management, Data Input
Redesign shelves	MRT Management and Workers
Expand the role of Data Input	MRT Management, Data Input
Sort cases by application date and place on shelves in order of application date	Data Input
Consider benefits of reassigning same case (deferral) back to original examiner	MRT Management, Data Input

Table 23 (previously Table 3, page 80). Breaking the MRT Backlog Implementation Chart

These three tables highlighted that MRT Specialization and Breaking the MRT Backlog were projects adaptable to immediate implementation in

July 2013 and that the SSA/DDS Parallel Processing would take longer for implementation in January 2014. Each of these three projects were then compiled into separate A3s, presented next as Diagrams 27-29.

A3: MRT Specialization at Local DHS Offices

PLAN

Theme:
To Reduce the MA Processing Time by 15 Days for MA-P Cases

Background:
Currently, the MA-P applications are being assigned to all ES workers. This process is complex and time consuming and requires an expert knowledge base.

Current Condition:
There is a need to produce more front end processing quality and to close the medical knowledge/communication gap that plaques the MA disability application process. Current state analysis reveals that MRT Specialization can solve this problem and reduce SOP.

Statement of the Problem:
MRT process is complex and needs expert support.

SEE FUTURE VALUE STREAM MAP, DIAGRAM 24, PAGE 91

DO

Target Condition:
Identify and train staff needed to handle SDA/P applications

Task	Due	Person
Identify staff by data and report history	1 wk	LO Mgmt
Solict, select candidates	1 wk	LO Mgmt
Disperse caseloads	1 mo	LO Mgmt
Transfer all current MA-P to ES	2 wk	LO Mgmt
Train RSS to screen and reassign	1 wk	LO Mgmt MRT, OWDT
Train ES/Mgr	1 wk	LO Mgmt
Create tracking log	Done	LO Mgmt
Develop LO process & hearings	1 day	LO Mgmt

CHECK

SOP Improvements
Staff Meeting Feedback
Deferral Rate Decreased
Faster Approvals
Hearings Decreased
Better Communication

ADJUST

TBA

Diagram 27. MRT Local Office Specialization A3

A3: SSA/DDS Parallel Processing

PLAN

Theme:
Streamlining Resources to Increase Efficiency

Background:
Currently, there is duplication of Work by DHS and SSA, therefore, processing times are high for applications.

Current Condition:
There are several people involved in the process. It is confusing for clients and the process is ineffective. 16,000 cases per year are a duplication of effort and unnecessary expense between SSA and DDS.

Statement of the Problem:
There is a delay in processing and the process takes too long.

SEE FUTURE VALUE STREAM MAP, DIAGRAM 25, PAGE 92

DO

Target Condition:
Reduce processing time by 15 days.

Task
Policy change: pursuit of benefits mandatory at application, allow 10 days to income, asset VCL or expand memo of understanding to allow common data view, align policy regarding MRT extensions
DDS examiners responsible for medical development
DHS worker checks SOLQ for SSA
Increase resources to DDS

CHECK

Processing Time
No Deferrals
No SHRT
Case Types Reports
Backlog Reports
Medical Expenses Reports

ADJUST

TBA

Diagram 28. SSA/DDS Parallel Processing A3

A3: Breaking MRT Backlog

PLAN

Theme:
Reduce the SOP Through Breaking the MRT Backlog

Background:
There are different mindsets at DHS county offices and MRT and a need to share the same goals and objectives.

Current Condition:
DHS county offices and MRT work from two different standards and policies.

Statement of the Problem:
MRT needs to work on cases by application date.

SEE FUTURE VALUE STREAM MAP, DIAGRAM 26, PAGE 93

DO

Target Condition:
Prioritize work by application date.

Task	Person
Check system capability	Mgmt
Consider query	Mgmt
Redesign shelves	Mgmt
Expand role of Data Input	Mgmt
Sort cases by app date	Mgmt

CHECK

Pilot in Lansing Office
Backlog Management
SOP Use and Reduction

ADJUST

TBA

Diagram 29. Breaking MRT Backlog A3

Summary of the Lean Rapid Improvement Event Kaizen and Reporting, Stage Seven

During Stage Seven of the RIE, three prominent projects were selected for the final Kaizen to address the 15-day MA SOP reduction target. They were: 1) MRT Specialization at Local Offices, 2) SSA/DDS Parallel Processing and 3) Breaking the MRT Backlog. Kaizen was conducted, Future State Value Stream Maps were created, Implementation Charts

drawn up and A3's sketched out. MRT Specialization and Breaking the MRT Backlog were recommended for July 2013 implementation and the SSA/DDS Parallel Processing for January 2014. These three projects individually can reduce the 15-day MA SOP.

The Reporting was completed as well. It attempted to capture the depth and breadth of the seven stages of the Lean RIE engagement. The RIE involved development of new paradigms of work and accompanying process improvement to solve the 15-day MA SOP reduction challenge. The Report was designed to walk the reader through a lean process improvement experience as it was experienced at DHS.

Summary of Final Recommendations

In conclusion, the following five recommendations are made to reduce the MA Eligibility Determination Process by 15 days:

A. DHS should implement as pilots three major projects based on the timeline and the Implementation Charts provided earlier: 1) MRT Specialization at Local Offices beginning in July 2013, 2) Breaking the MRT Backlog beginning in July 2013, and 3) SSA/DDS Parallel Processing beginning in January 2014. Each of these projects individually can reduce the SOP by 15 days at 5% variance with minimal additional resource allocation. These projects are realistic within the current budget allocation for formal piloting, by reassigning resources during transition and full deployment. These three projects should be vetted using the Plan-Do-Check-Adjust cycle and other lean tools before full deployment, requiring some time to "experiment" to get reasonably close to zero defect, then deploying in planned stages.
B. DHS should implement and/or continue to implement the other remaining pilots that have both direct and non-direct impact on the MA SOP. These projects are underway with current resources to varying degrees and need ongoing endorsement and support. One strategy would be to collect A3s from the pilot owners, collate them and share them widely in DHS.

C. DHS should communicate implementation pilot plans and final deployment decisions to the RIE participants and other internal and external stakeholders of DHS's MA Eligibility Process. Recognition to the RIE participants should be included in these communiqués. The social capital investment incurred to date holds great potential for return on investment if the messaging and symbolism of continuous improvement are upheld.
D. Conduct an annual one or two-day Kaizen Blitz with RIE participants and other MA stakeholders to force the use of continuous improvement and lean tools and concepts and to encourage horizontal and vertical collective work that breaks down silos. This suggestion was made by the RIE participants themselves and represents a powerful way to invest in employee development that ties into organizational performance.
E. Encourage ongoing legislative support of lean process improvement and a focus on systemization of DHS process improvement.

The seven-stage Lean RIE accomplished items of significance by enacting collaborations, making a 15-day MA SOP a relevant and attainable goal, and enabling DHS employees to identify and find solutions within current constraints through lean tools and concepts.

It is recommended that the Proposal No. RFP BF-2013-002 Medicaid Eligibility Determination with Charactership Lean Consulting Inc. be extended to fully deploy and scale the three major demonstration projects as follows:

PROCESS IMPROVEMENT	Activity Description	Dates	Contacts
MRT Local Office Specialization		07-13 to 12-13	
	Plan, Test @ Clinton, Genesee	07-13 to 08-13	Lisa Listman Chuck Jones Dan Savoie Kent Schultze
	Kaizen	08-13 to 09-13	
	Plan Statewide Scaling	09-13 to 10-13	Lisa Listman Local Office Mgmt.
	Communicate, Train	10-13	
	Implement Statewide	10-13 to 12-13	
	Kaizen	12-13	
	5S	12-13	
Breaking the MRT Backlog		07-13 to 12-13	
	Plan, Test @ MRT	07-13 to 08-13	Lisa Listman Chuck Jones
	Solve BRIDGES, Query Issues	07-13 to 08-13	
	Redesign Filing	07-13 to 08-13	
	Communicate, Train	08-13	
	Kaizen	09-13	
	5S	09-13	
SSA/DDS Parallel Processing		09-13 to 04-14	
	Address Policy Barriers	09-13 to 01-14	Lisa Listman Chuck Jones
	Address System Barriers	09-13 to 01-14	
	Address Personnel Barriers	09-13 to 01-14	
	Communicate, Train	01-14 to 02-14	
	Test, Kaizen	01-14 to 02-14	
	5S	02-14 to 03-14	
Final Reporting		04-14 to 05-14	Lisa Listman

Glossary of Terms

Lean Terms

A3: A lean tool that visually depicts the Plan-Do-Check-Adjust cycle of continuous improvement

Concept Map: A lean visual management tool that shows how ideas, people or processes are related through placement, flow and connections.

Five Whys: A lean thinking tool that identifies the root cause, rather than the presenting cause of a problem through Socratic questioning.

Gemba: A Japanese term meaning "the real place," relating to the need to make sure that problem solving makes sense in reality.

Ishakawa Diagram: A lean visual management tool that depicts cause and effect through a "fishbone" of contributing and main causes of a problem and the desired target condition.

Kaikaku: A special lean improvement event that unfolds quickly and in a short period of time

Kaizen: A lean tool that engages zero defect thinking to avoid accepting, creating, or passing along mistakes through gradualism, literally meaning to take apart and to put together incrementally. It is used in one of three forms as a regular meeting, as-needed, or a large scale multiple-day basis.

Lean: A longstanding body of knowledge and practice that gets distinguishing results for organizations. Lean engages employees to identify and solve problems and to do it based on respect for others. There are approximately 50 lean tools and accompanying tenets that are used to induce continuous improvement dynamics through process improvement.

Plan-Do-Check-Adjust Cycle: The name of the continuous improvement or Shewhart cycle, representing four areas of work, Planning, Doing, Checking and Adjusting, also called PDCA.

Value Stream Map: A lean visual management tool that examines a process based on how the customer/client/critical stakeholder experiences it, depicting flow and metrics of value. Value stream maps can depict the current state, used to conduct kaizen, or the future state, resulting from kaizen.

State of Michigan MA-Related Terms

(These can be found in The BPG GLOSSARY, BPA 2012-015, 10-1-2012)

Appendix A

Qualitative Comments from the Lean Rapid Improvement Event

-I thought that the lean process was a very useful way to pinpoint areas that could benefit from waste elimination.

-Level the process; learned a lot; great tools; excellent facilitation; good selection of teammates; will use this information again.

-Excellent organization. Good use of different models to find problems and solutions. Only critic: use more time for whole group discussion, mapping.

-Excellent presenter! Very knowledgeable! Very interesting! Need to create more avenues for sharing.

-It was a very eye opening process. We have learned a lot about lean and made a lean process.

-Enjoyed getting the "101" course on Lean. Can be used in all areas. Thank you!

-This was definitely an eye opening experience. It appears that there is a lot of parallel processing waste identified.

-Thank you, really benefitted from this. Wanted more time to just talk all together as one big group; wanted to document great ideas each person had and work with ideas and take them to the final stages. More discussion central to main idea instead of many separate projects. All in all, I will be walking away with a wealth of knowledge from this process and from each individual I was lucky enough to have the opportunity to interact with. Learned so much! Thanks!

-These meetings were very informative. Even though I am an administrative assistant, I see there are a lot of different processes that are involved in medical disability. I feel that even though my process is small, I feel I can use these processes in any project or job that I am a part of.

-I think it was great that such a large cross section of departments participated. The variety of viewpoints was very valuable.

-Excellent team building.

-Great exercise, Shannon! I learned a great deal from county staff. If there is a willingness on the part of DHS, we can collate these business processes. This is very doable. Thank you for your help.

-Not only did the techniques learned help this MA process, but I have learned so much I can apply to other process. Thank you!

-Extremely helpful in understanding where other parts of DHS sit or think; helpful in forcing me to think in a different way; these types of training should be conducted more regularly; certainly eye opening.

-Thank you! This experience made me feel like a valuable member of the DHS team—and I look forward to seeing the final outcome. Your knowledge is impressive and your delivery excellent! Useful, exciting, positive.

-Five Why's-awesome management tool to problem solve and get to the root cause. Understanding the root cause can assist in the development of solutions. Process map- great way to look at evaluative current processes for improvement. I will use this frequently in my manager capacity! Great experience.

-This training was very educational. Thank you for walking us through this process. I think that I will use this type of problem solving in many endeavors in my future. I'm excited to learn from other offices and positions in DHS.

-Positive move on DHS to "think" and "realize" that a change is needed in how we do our job for the public good. The lean process is a good approach in retraining staff to help eliminate waste in the workplace.

-Huge value to have an independent (outside) review of our current processes. I believe that collaborative ideas and concepts shared will benefit all parties involved. Too often processes are completed just because of previous precedent—the LEAN process has opened many eyes.

-Training was very educational; comfortable setting; I feel the training will lead to efficiency.

-You can reach results by using different kinds of methods; shark attack great; putting "human" back into human services; there is no wrong answer—just put it out there.

Appendix B

Interview on Process Improvement for DHS Medicaid Eligibility Determination Process

The purpose of this interview is to obtain your perspectives in order to conduct process improvement for the DHS Medicaid Eligibility Determination Process based on a legislative boilerplate calling for a 15-day reduction in the current SOP. Your input is highly valued as a part of the improvement work. Your responses to this interview are confidential. No names or identifying information will be used in conveying findings. You will be interviewed by Shannon Flumerfelt, Consultant, for 30-45 minutes.

These are your questions for the interview, all related to DHS Medicaid Eligibility Determination.

1. Will you briefly describe your current role in the organization?

2. What are some work processes or routines that you are responsible for that relate to Medicaid Eligibility Determination?

3. With any of the processes or routines you mentioned above, are there things that keep you from finishing your work on time or without stress? Describe this.

4. With any of the processes or routines you mentioned above, are there issues or events that you should not have to attend to, yet find yourself doing anyway? Describe this.

5. With any of the processes or routines you mentioned above, will you sketch out with me on the paper provided the flow of work? What does the flow of work look like?

6. Based on your sketch, what could be done to make your work more streamlined and satisfying?

7. Are you concerned about any of the following related to DHS Medicaid Determination—if so, why?

- Allocating scarce resources
- Attention to team dynamics
- Defining success
- Determining root causes
- Instilling vision
- Launching new initiatives
- Managing conflict
- Maximizing communication

Measuring outcomes
Planning strategically
Understanding roles and responsibilities

8. What three things would you point to in order to improve DHS Medicaid Eligibility Determination? What would you do to improve those three things and why?

9. Are there any concerns, comments or observations related to DHS Medicaid Eligibility Determination that I did not ask you about and you wish to share?

Appendix C

MIND, CONCEPT MAP RUBRIC

	EXCELLENT	ACCEPTABLE	NEEDS IMPROVEMENT
System Elements Present	*All elements are present*	*All major elements are present*	*Elements should be added*
Hierarchy of Elements is Clear	*Hierarchy of elements is clear*	*Major hierarchy is clear*	*Hierarchy should be added*
Relationship of Elements is Clear	*Relationships of elements to each other is clear*	*Major relationships are clear*	*Relationships of elements should be added*
Flow is Clear	*Flow is clear*	*Major aspects of flow is clear*	*Flow should be added*

ISHAKAWA DIAGRAM RUBRIC

	EXCELLENT	ACCEPTABLE	NEEDS IMPROVEMENT
Main Cause(s) Identified	*Main cause(s) is identified*	*Main cause(s) is tentatively identified*	*Main cause(s) should be identified*
Contributing Causes Identified	*Contributing causes are identified*	*Major contributing causes are identified*	*Major contributing causes should be identified*
Ancillary Causes Identified	*Ancillary causes are identified*	*Major ancillary causes are identified*	*Ancillary causes should be identified*
Target Condition Identified	*Target Condition is identified*	*Target Condition is tentatively identified*	*Target Condition should be identified*
System element relationships are accurate	*System element relationships are accurate*	*Major system element relationships are accurate*	*System element relationships should be improved*

FIVE WHYS RUBRIC

	EXCELLENT	ACCEPTABLE	NEEDS IMPROVEMENT
Presenting Problem In Evidence	*The presenting problem is widely shared and explicit*	*The presenting problem is shared and vague*	*A real presenting problem should be in evidence*
Learning Conversation In Evidence	*A learning conversation is documented, free of evaluation and focused on process improvement*	*A learning conversation is documented, free of evaluation*	*A true learning conversation should be in evidence, free of evaluation and on blaming others*
Root Cause in Evidence	*The root cause is in evidence and is explicit*	*The root cause is in evidence and is vague*	*The real root cause should be in evidence, scoped to the operation*
Type I Waste in Evidence in Root Cause	*Type I waste is in evidence*	*Type I waste is in evidence with blaming*	*Type I waste should be in evidence, free of blaming or denial*

Process Map Rubric

	EXCELLENT	ACCEPTABLE	NEEDS IMPROVEMENT
Process Steps Identified	Process steps are clear and understandable	Most process steps are clear and understandable	Process steps should be clear and understandable
Flow, Sequence Evident	Flow is indicated and interruptions are evident	Flow is largely indicated and interruptions may be evident	Flow and sequence should be indicated with interruptions evident

A3 Rubric

	EXCELLENT	ACCEPTABLE	NEEDS IMPROVEMENT
PDCA Elements In Process or Completed	PDCA elements are sequenced and logical	PDCA elements are evident	Process steps should be clear and understandable
Visual Management	All four sections are easy to read by all stakeholders	All four sections are moderately easy to read by most stakeholders	Visual management should be used to inform critical stakeholders
Storytelling of Data Driven Decision Making	The Statement of the Problem, the Target Condition, Check and Adjust are meaningful and substantiated by data	The The Statement of the Problem, the Target Condition, Check and Adjust are fairly meaningful and somewhat substantiated by data	Storytelling of data driven decision making should be in evidence

Value Stream Map Rubric

	EXCELLENT	ACCEPTABLE	NEEDS IMPROVEMENT
Customer/Client, Suppliers, Process Owners	Customer/Client is identified and understood	Customer/Client is identified and somewhat understood	Customer/Client should be identified and understood
Metrics of Value to Customer/Client	Metrics of value are identified and measured as the customer/client experiences the process	Most metrics of value are identified and measured as the customer/client experiences the process	Metrics of value should be identified and measured as the customer/client experiences the process
Process Steps and Flow	Process steps and flow are accurately depicted	Process steps and flow are somewhat accurately depicted	Process steps and flow should be depicted
Current State, Kaizen, Future State Analysis	Three phases are in evidence with fidelity	Three phases are in evident with some fidelity	Three phases should be in evidence

Kaizen Rubric

	EXCELLENT	ACCEPTABLE	NEEDS IMPROVEMENT
Zero defect thinking	Zero defect thinking is evident in Stages 1-2	Zero defect thinking is evident in one stage	Zero defect thinking should be evident
Use of data	Data is evident as input to Stage 1 and as output to Stage 2	Data is evident in one stage	Use of data should be evident
Safety	It is safe to use data to highlight problems and solutions	It is fairly safe to use date to highlight problems and solutions	Safety should be evident
Process focused	Kaizen is focused on wholistic process improvement	Kaizen is focused on most process improvement	A process focus should evident
Kaizen pace	The pace of kaizen moves along	The pace of kaizen is impacted by barriers	Kaizen pace should be increased