IBM Cúram Social Program Management
8.0.2

*Cúram Income Support for Return to
Work Outcome Management Guide*

IBM

Note

Before using this information and the product it supports, read the information in "Notices" on page 22

Contents

Chapter 1. Cúram Income Support for Return to Work Outcome Management Guide

Cúram for Return to Work Outcome Management has a client-centric approach to service delivery and case management. It focuses on the results the client and household are trying to achieve. It provides a comprehensive approach towards reaching positive outcomes for clients that are referred to an employment or outcomes agency.

Introduction

Purpose

The purpose of this document is to provide a business level overview of Cúram Income Support for Return to Work Outcome Management. After reading this guide, the reader should have a basic understanding of how outcome management can be used to identify and address clients' needs that will help towards achieving positive client outcomes for self-sufficiency.

In order to best understand these concepts, the guide should be read in full. The guide is not intended to be used as a training or user guide.

Audience

This guide is intended for business analysts working within a social enterprise organization. It is assumed that you are familiar with the concepts of Social Enterprise Management (SEM), and have a strong knowledge of the organization's business requirements.

Prerequisites

Before reading this guide, it would be useful to have a basic knowledge of the Cúram product. It is assumed that you are familiar with the basic concepts of Social Enterprise Management. It is assumed that the reader is familiar with the basic concepts of Cúram for Income Support. To better understand the topics covered in this guide, the reader should also read the following guides:

- `Cúram Provider Management Business Guide`
- `Cúram Income Support Cash Assistance Program Guide`
- `Cúram Income Support Food Assistance Program Guide`
- `Cúram Outcome Management Support Guide`
- `Cúram Outcome Management Configuration Guide`

Chapters in this Guide

The following list describes the chapters within this guide:

What is Cúram Income Support for Return to Work Outcome Management?

This chapter provides an overview of Return to Work Outcome Management and the roles of the workers that use it.

Managing Outcome Services Referrals:

This chapter provides information on support for the work referral process. It also provides background on work eligibility processing for Income Support programs.

Managing Self-Sufficiency Assessments:

This chapter outlines how outcome workers perform assessments to determine the client's strengths, needs and barriers to self-sufficiency. Assessment results can then be viewed in detail for the client. Sample assessments and plans are provided for Cash Assistance. Based on the assessment of an individual, an agency has the option to create an outcome plan.

Managing Advisements:

This chapter describes advisements that are a communication tool between an eligibility worker and an outcome worker on issues related to the client's plan.

Building Outcome Plans to Achieve Positive Outcomes:

This chapter outlines how Assessment and Tracking (A&T) content uses Outcome Management. When a client visits the employment agency to register for work, the outcome worker creates an outcome plan for the client. Based on the Self-Sufficiency assessment score/classification, A&T provides a recommendation for activities. An agreement identifies the actions and services that a client has agreed to perform.

Monitoring Client Participation:

This chapter provides an overview of how A&T assists an outcome worker to ensure the client is achieving the self-sufficiency goal by monitoring the client's progress on plan activities. Outcome workers monitor the client's progress through attendance tracking, participation summary views, and receiving notifications of discrepancies in scheduled to actual hours.

Using Productivity Tools:

This chapter provides an overview of the worker productivity tools in Return to Work Outcome Management.

What is Cúram Income Support for Return to Work Outcome Management?

Introduction

Cúram for Return to Work Outcome Management starts with a client-centric approach to service delivery and case management which focuses on the results the client and household are trying to achieve. It provides a comprehensive approach towards reaching positive outcomes for clients referred to an employment or outcomes agency.

Return to Work Outcome Management leverages Cúram Income Support, Cúram Provider Management (CPM), Cúram Outcome Management, application module (COM), and assessment and tracking content such as Self-Sufficiency Assessments and Self-Sufficiency Outcome Plans. It has its basis in the multi-disciplinary team processes throughout the life cycle of an integrated case. The A&T content includes built-in business processes, functionality, and content for assessments, outcome plans, activities, referrals, advisements, and monitoring and worker productivity tools. Return to Work Outcome Management includes sample content for Cash Assistance and limited sample content for Food Assistance.

The configurable nature of the A&T content allows social enterprises to quickly respond to changes in legislation, policy, and workload patterns. A&T is intended to be used by either the employment outcome worker or the Cash Assistance and/or Food Assistance program eligibility worker. A&T allows the outcome worker to:

- Manage client referrals from the eligibility worker.

- Perform assessments to identify the barriers to becoming self-sufficient for clients who are receiving or have applied for Cash Assistance and/or Food Assistance benefits.

- Manage outcome service plans to support clients in self-sufficiency attainment including managing client agreements. Allows for service provisioning with providers through activity selection and referrals.

- Ensure that the client is achieving the self-sufficiency goal by monitoring the client's progress on the services attended by him.
- Coordinate with the eligibility worker on referrals, sanctions, participation issues, work registration, and recommended non-participation reasons.
- Enter activity attendance directly or receive it through CPM processes.
- Know when the client's program eligibility and work eligibility status changes.

The Roles of Eligibility Worker and Outcome Worker

Because eligibility workers are busy determining eligibility and maintaining cases, many agencies split the functions of an eligibility worker and an employment agency caseworker. The employment agency worker is the agency staff member who regularly monitors and evaluates clients' progress toward their self-sufficiency goals. The product uses the term 'outcome worker' for this role because this is the agency worker who focuses on the benefits of services to the client (outcomes). There are two separate workers configured in the application, and the eligibility worker role refers clients to the outcome worker role.

The outcome worker receives referred clients, sends advisements, performs assessments, enters and manages plans and agreements, enters and monitors clients' participation toward federal and personal goals, and resolves attendance discrepancies.

Supervisor Role

The outcome worker supervisor manages the workload of an organizational unit responsible for outcomes functions. The worker in this role can perform the same functions as an outcome worker and will have access to supervisory functions and receive escalation of tasks where necessary.

Pre-Defined Outcome Management Content

Return to Work Outcome Management features pre-defined Assessment and Tracking content designed for Income Support. This content includes several key features including self-sufficiency assessment scripts encompassing nine factors, a scoring continuum (0-10), and ratings in four classifications. The assessment also includes a pre-defined self-sufficiency assessment report. Additionally there are a variety of pre-defined service and action activities. These activities are mapped to federal components for Cash Assistance.

Integration with the Income Support Case

Return to Work Outcome Management with the Assessment and Tracking content is integrated with the Income Support integrated case. There is integration with sanctions because the outcome worker creates an advisement about the need for a possible sanction. Another way that integration occurs is through automatic notifications. The eligibility worker is able to create a work referral to the outcome agency.

Support for the Work Referral Process

The work referral process starts with the eligibility worker. The eligibility worker runs the check eligibility process on the integrated case where rules determine the clients that need to work register using the work eligible status. The eligibility worker is able to search for a convenient outcomes agency office near a client's home by geographic location.

Note: Geocode functionality must be enabled in order for Assessment and Tracking referrals to work. Geocoding supports the capture and storing of longitude and latitude details for a participant address. Recording of this detail allows implementation of mapping features such as Google Maps. In Assessment and Tracking, the geocode details are used to help choose an office located in close proximity to the client. Geocode functionality is enabled as part of application administration using an application property.

The outcome worker has the ability to create advisements to the eligibility worker so that the eligibility worker can be kept informed of the client's status at all times. So that the eligibility worker can process

denials for non-registration by the client, this worker is automatically notified when a client fails to register by the deadline.

Support for Attendance Tracking Process

The attendance tracking process has several components. The outcome worker has the ability to view real-time attendance for a client and not have to wait until the end of the month. Attendance tracking is flexible. A provider registered in Cúram Provider Management can use the built-in attendance tracking features for a service activity. Providers can submit client attendance either through the provider self-service application or by submitting the completed paper roster sent by the organization. Or when there is no provider, the outcome worker can enter the attendance directly. Also the outcome worker is automatically notified if the client's actual participation hours do not meet scheduled hours for the time period. Additionally, there is the ability to track hours toward core and non-core federal components so that monitoring toward participation rate can occur.

Ability to Create Single or Multi-person Plans

Often there is more than one person that is referred to the outcomes agency from a household. A&T provides the flexibility to create a plan for each person or to combine all the referred members into one plan.

Managing Outcome Services Referrals

Introduction

As a condition of eligibility for Cash Assistance and Food Assistance programs, many clients are required to register for work though not all clients are required to work as a condition of eligibility. Children and the elderly are generally exempt from this requirement as are some adults. For example, a mother caring for a very young infant or an adult with a disability which prevents them from working may be exempt from the work requirement.

When an eligibility worker who uses Cúram Income Support wants a client to visit an outcome worker who uses the A&T content, the eligibility worker generates a referral to the outcomes agency. Once the client arrives at the outcomes office, the client can plan for work, educational, or other activities that can help the client to become self-sufficient.

Outcome Services Referral

The outcomes services referral defines who needs to register for work. The eligibility worker creates an outcomes services referral for the client who needs to work register for Cash Assistance or Food Assistance. The Food Assistance referral process is not configured in the product.

An outcomes services referral can be generated by the eligibility worker for either new applications and for reassessments.

An outcomes services referral is different from referrals in other areas of the product in that it is a referral from one internal agency to another internal agency. Return to Work Outcome Management activities include referrals to external agencies.

There are two types of Evidence related to referrals and Work Eligibility: Non Participation Reason and Work Registration.

- Non Participation Reason - The Non-Participation Reason entity contains a temporary/short-term reason why a client does not need to participate in work registration (called a Non Participation Reason).

- Work Registration - The Work Registration entity holds the dates the client registered for work and when registration ends. This entity replaces the Work Requirement entity from Cúram version 5.2 when Cúram Eligibility Rules (CER) are used.

Determining Who is Work Eligible

The eligibility worker needs to know who to refer to the outcome worker. The Work Eligibility portion of CER rules determine a status. The results display on eligibility decisions and in a separate Work Eligibility tab. The status is as follows:

- Work Eligible – A client determined Work Eligible by the CER rules does not have an exclusion from having to work register or participating in work plan for Cash Assistance or Food Assistance. A client can be Work Eligible and have a Non Participation Reason at the same time.

- Not Work Eligible – A client determined Not Work Eligible by the CER rules meets regulations to not have to register at all for that program. Not Work Eligible is usually a permanent (or semi permanent) condition such as the client is disabled/incapacitated, caring for someone who is disabled/incapacitated, someone who is aged, or a child. The reason for being Not Work Eligible is determined by rules and displayed as part of work eligibility.

A Non Participation Reason is a temporary reason why a client does not need to work register or participate in a work plan. Non Participation Reasons may be recommended for a client as part of CER rules based on evidence. If the recommended reason is acceptable to the eligibility worker, this worker creates Non Participation Reason evidence for the client.

Work eligible results display on a tab in eligibility decisions for Cash Assistance and Food Assistance. On an income Support application and IC, the Work Eligibility tab displays. Work eligible rules are run as part of an eligibility run and do not run again when a work eligible screen is accessed. The following types of information display:

- Name - For eligible Cash Assistance and Food Assistance programs, lists assistance unit members who are not children

- Work Eligible Status - status based on Work Eligible rules run in Income Support

- Non Participation Reason - based on current Non Participation Reason evidence

- Recommendation - recommendation for a new Non Participation Reason based on rules

- Registered for Work - displays the current work registration record status from evidence

- Program – Cash Assistance or Food Assistance

- Open Referrals – Whether the member has been referred to the outcomes worker

For more information on the sanction assessment rules and the work eligible rules, see the `Cúram Income Support Cash Assistance Program Guide`.

Referring Clients

A Work Eligible client does not have an exclusion from having to meet with the outcomes worker. Therefore, Work Eligible clients must be referred unless they have a Non Participation Reason. A referral can be created as soon as the eligibility rules have run and the household is determined eligible for Cash Assistance. A household that is not eligible has no need for a referral. The eligibility result does not need to be authorized before the referral can be created. If the intake worker checked eligibility and the case was determined eligible for Cash Assistance, the eligibility worker can make the referral immediately without checking eligibility again.

The eligibility worker selects the clients to refer. To aid this worker in knowing who to refer, Income Support provides information such as name, work eligible status, existing non participation reason (from evidence), non participation recommendation reason, and whether the client is already registered for work. The non participation recommendation reason is determined based on CER rules and run as part of the Work Eligible rules during the most recent eligibility run. The eligibility worker refers each client individually.

In larger cities, many outcomes agencies have multiple offices. To assist the eligibility worker in finding a convenient office for the referred client to visit, A&T provides a search for an outcomes agency office based on the proximity to the client's home address.

The eligibility worker informs the client of the deadline for registering based on agency policy. After choosing the desired office, the eligibility worker can provide the referral details using a method that is convenient to the client. The eligibility worker prints out a document with the address of the selected agency office and other details. Alternatively, the details can be sent in an email if the client had previously provided the email address as part of the application process. Whether emails are sent is configurable. A referral is created in pending status.

After Referrals are Made

When the referred client arrives at the outcomes agency, the outcome worker searches by name or date of birth for the referred client with the pending referral. Information is available such as: client name, case reference, whether there is an active plan, date referred, referred by name, referral status, and deadline. The default deadline for the client to contact the outcome worker is 10 days from the referral date. Outcome workers can assign the client's referral to themselves. The referral is now considered to be in progress. At this point the outcome worker can complete the referral, or it can be left in progress. If more than one person from the same household is referred, A&T does not assume all the clients will visit the outcome worker at the same time. Referrals are processed by individual.

A&T makes it easy for the eligibility worker to know when a client has visited the outcome worker. The eligibility worker can view the referral details and note that the status has changed. The outcome worker can create an advisement with details of the referral meeting. For more information, see the Advisements section of this guide.

When the eligibility worker learns that the client has work registered, the eligibility worker enters in Evidence the work registration details.

Cancelling Referrals based on Client Wishes

Sometimes a client may change his mind after accepting a referral to an outcome worker. In this situation the eligibility worker cancels the referral. If the client has not yet visited an outcomes agency, then the client's referral is no longer selectable by any outcome worker after it has been cancelled.

Managing Self-Sufficiency Assessments

Introduction

For social enterprise agencies, assessments play an essential role in assisting clients in their ultimate goal of self-sufficiency. Assessments provide an organization with comprehensive support for developing and managing information to identify client needs. Assessment and Tracking (A&T) provides agencies with the ability to quickly assess the issues and needs of clients. The A&T assessment content is configured with one assessment type: Self-Sufficiency. Assessments use Intelligent Evidence Gathering (IEG) to present questions, applicable answers and collect assessment data. The configured assessment uses the Cúram Eligibility Rules (CER) to determine the assessment results. Using the assessment results, the client and outcome worker can identify the outcomes desired as a part of the planning process.

A&T Assessment Initial Data

To support an agency in quickly using the A&T content, Return to Work Outcome Management is pre-defined with a Self-Sufficiency assessment. This assessment consists of commonly used assessment factors, factor questions, defaulted client responses to questions based on client evidence already entered, a rating classification scale, and scoring. For more information on defining assessments, see the `Cúram Outcome Management Guide`.

Assessment Types

Agencies can configure and run multiple types of assessments to identify client needs. As part of the A&T content, the Self-Sufficiency assessment is featured as part of the product. The assessment is associated with an integrated case and an outcome plan. A Self-Sufficiency assessment can be used

for Cash Assistance and Food Assistance as a client will only have one Self-Sufficiency assessment at a time although Food Assistance is not configured in the product. While Cúram Outcome Management has the option to specify whether the assessment is used to assess a group or household of clients or to assess clients individually, the A&T content is configured to assess clients individually. Assessing clients individually means that questions are asked of each client (if there is more than one client being assessed for a plan) and a result is displayed for each client.

Assessment Factors

Client needs are assessed using categories called factors. Agencies typically assess clients to measure their current situation in relation to one or more factors. The Self-Sufficiency Assessment has the following nine initial factors:

- **Employment** - Gathers information on basic work experience, skills, and employment barriers.
- **Education** - Gathers information on education level, training or skills, and barriers that may affect employment.
- **Child Care** - Identifies a child care need that may hinder a client's ability to participate in work.
- **Transportation** - Identifies a transportation need that should be resolved to help a client achieve self-sufficiency.
- **Housing** - Identifies a housing need that should be resolved to help a client achieve Self-Sufficiency.
- **Substance Abuse** - Identifies a possible substance abuse need that may require further assessment or treatment.
- **Physical Health** - Gathers information on any physical health needs that may limit a client's ability to work or perform daily activities.
- **Mental Health** - Identifies a possible mental health need that may require further assessment or treatment.
- **Domestic Violence** - Identifies a possible domestic violence situation that may threaten a client's safety and well-being.

Assessment Questions by Factor

The Self-Sufficiency Assessment is based on an IEG script. There are multiple questions for each factor. The following are the questions in the script across all the factors along with the score for the answer in {}:

Employment:

- Are you currently working? (yes{4}, no{0})
  - If Yes, asks
    - What is your current employment type? (Full-Time{3}, Part-Time {2}, Seasonal {1})
    - Are you earning the federal hourly minimum wage or above? (yes {1}, no {-1})
  - If No, asks
    - When did you last work? (Never {0}, In the Last 11 Months {3}, Within 12 to 18 Months {2}, Over 18 Months {1})
    - Why are you not currently working? (No Jobs Available, Criminal Record, Pregnant, Attending School/Training, Health Problems, No Child Care, Carer of Ill/Disabled Family Member, Lack of Transportation) {all score as 0}
    - Do you have a resume prepared? (yes{1}, no{0})
    - Have you ever had a job interview? (yes{1}, no{0})
- Do you have skills? (yes{2}, no{0})
  - If Yes, asks

- Indicate which skills (select multiple): Car Repair/Mechanic, Cashier, Childcare, Computer, Construction, Housekeeper, Nursing, Healthcare, Office Work, Restaurant Work, Retail Work, or Other {all score as 0}

  – If No, asks no additional questions

Education:

- Is English your primary language? (yes{0}, no{0})

- Are you able to read and write and do basic math? (yes{1}, no{0})

  – If Yes, asks

    - Primary (8th grade or less) {0}

    - High School (9th, 10th, 11th) {2}

    - GED or High School Diploma (Basic Education) {3}

    - Vocational, Technical, Or Trade School Diploma or Certification) {5}

    - Post Secondary Degree (Associates, Bachelors, Masters) {8}

  – If No, asks no additional questions

- Are you currently attending school or a training program? (yes{1}, no{0})

Child Care Details:

- What best describes your child care situation? (select 1)

  – Child Care Not Needed (no additional questions) {10}

  – Child is Unsupervised and Unsafe {0} (then asks Has child care or lack of child care ever kept you from getting or keeping a job? (yes {0}, no {1})

  – Child Care is Unavailable/Inaccessible {0} (then asks Has child care or lack of child care ever kept you from getting or keeping a job? (yes {0}, no {1})

  – Child Care Unaffordable/unreliable {4} (then asks Has child care or lack of child care ever kept you from getting or keeping a job? (yes {0}, no {1})

  – Child Care is Affordable and Subsidized {6} (then asks Has child care or lack of child care ever kept you from getting or keeping a job? (yes {0}, no {1})

  – Child Care affordable and Non-Subsidized {8} (then asks Has child care or lack of child care ever kept you from getting or keeping a job? (yes {0}, no {1})

Transportation Details:

- How do you usually get to the places you need to go? (select 1)

  – I currently have no Transportation {0} (no additional questions)

  – Public Transportation {2} (then asks: Is your primary form of transportation reliable? {5} (yes{0}, no{0}) Do you own a vehicle? (yes{1}, no{0})

  – Drive Myself {2} (then asks: Is your primary form of transportation reliable? (yes{5}, no{0}) Do you own a vehicle? (yes{1}, no{0})

  – Get a Ride {2} (then asks: Is your primary form of transportation reliable? (yes{5}, no{0}) Do you own a vehicle? (yes{1}, no{0})

- Do you have a valid driver's license (yes {2}, no {0})?

Housing Details:

- What is your current housing situation? (select 1)

  – Homeless or Threatened with Eviction {1}

  – Eviction or Foreclosure {1}

- Unsafe Housing {2}

- Temporary Shelter/Housing 3}

- Transitional Housing {4}

- Un affordable Rental/Ownership Housing {4}

- Subsidized Rental {6}

- Non-Subsidized Rental {8}

- Affordable Home Ownership {10}

Substance Abuse Details:

- Do you or have you ever had a problem with alcohol in the last 12 months? (yes{5}, no{10})

  - If Yes, asks

    - Do you feel or have you felt (in the last 12 months) you should cut down on your drinking or drug use? (yes{0}, no{0})

    - Do people or have people (in last 12 months) annoyed you by criticizing your drinking or drug use? (yes{0}, no{0})

    - Do you or have you (in the last 12 months) left bad or guilty about your drinking or drug use? (yes{0}, no{0})

    - Have you ever lost a job or failed to complete school or training program because you had been drinking or using drugs? (yes{0}, no{0})

    - Have you had a any emotional or psychological problems from using alcohol or drugs - such as feeling uninterested, depressed, suspicious of people, paranoid, or having strange ideas? (yes{0}, no{0})

    - Have you (in last 12 months) ever had a drink first thing in the morning to steady your nerves or to get rid of a hangover? (yes{0}, no{0})

    - Do you or have you attended a treatment program or support group? (yes{1}, no{-1})

      - If Yes, asks How long have you been in recovery? (Less than 6 Months {-1}, Less than 2 Years {1}, More than 2 Years{2})

      - If No, asks Are you scheduled to attend a treatment program? (yes{-1}, no{-3})

  - If No, asks no additional questions

Physical Health Details:

- Do you have any health or medical conditions? (yes{1}, no{10})

  - If Yes, asks

    - Do you have any medical conditions or disabilities that would make it hard for you to get or keep a job? (yes{0}, no{2})

    - Are you currently under a doctor's care or receiving treatment for your condition? (yes{3}, no{0}

    - Does you health limit any day to day activities such as housework, climbing the stairs, grocery shopping, standing or lifting heavy objects? (yes{0}, no{2})

  - If No, no additional questions

Mental Health:

- Have you ever been diagnosed as having a mental health condition? (yes{3}, no{7})

  - If Yes, asks Are you currently receiving services for this condition? (yes{0}, no{0})

  - If No, asks no additional questions

- During the last 12 months, have you felt that you needed help for emotional issues, personal problems, or stress? (yes{0}, no{1})

- Have you issues that have affected your normal day-to-day activities, work or relationships with others? (yes{0}, no{2})

Domestic Violence Details:

- Is there anyone in your life now or in the past that has physically hurt you or threatened to hurt you or someone close to you? (yes{0}, no{2})

- Has anyone followed or intruded into your activities that made you uncomfortable? (yes{0}, no{2})

- Is there anyone in your life now or in the past that has tried to control you by keeping you from going to work, shopping, looking for a job, or some other activity? (yes{0}, no{2})

- Is there anyone in your life now or in the past that has tried to prevent you from spending money or making important decisions about your own life? (yes{0}, no{2})

- Are you sometimes afraid to stay at home because you have been hit, hurt, or attacked by a relative, a spouse, or a partner? (yes{0}, no{2})

Assessment Scoring

Pre-defined assessment scoring is also provided for each factor. For both programs each factor is scored on the same ten-point scale and assigned a rating classification. In the Self-Sufficiency Assessment, all factors are assigned the same rating. Scores are based on a four category rating scale of Vulnerable, Engaged, Progressing, and Self-Sufficient or Safe. The scores associated with the rating scale are: Vulnerable is 0 to 2, Engaged is 3 to 5, Progressing is 6 to 8, and Self-Sufficient or Safe is 9 to 10. These ratings are also known as barriers categories in Cúram Outcome Management.

Running an Assessment to Identify Client Needs

The outcome worker will initiate the creation of an outcome plan and assessment upon receiving a referred client at their location. For the A&T content, an assessment must be created from within a plan. When an assessment is initiated, the defined assessment questions display. After answering all questions for each factor, the results display.

Answering Factor Questions

Factors where the score is automatically derived by the system have a set of questions associated to them. However, just as not all agencies will provide the facility to perform assessments on clients, not all agencies will provide the facility to perform an assessment on all nine of the Self-Sufficiency assessment factors. The facilities and resources an agency has dictates whether the agency provides a client an assessment on one, more, or all of the nine factors. Agencies that do not provide the facility to run assessments or do not provide the facility to run an assessment on one or more of the nine self-sufficiency factors may have an external party who will. For example, an agency may have the facility and resources to assess a client on employment, education, housing, transportation, child care, substance abuse, physical health and mental health but source an external party who will assess the client on domestic violence.

An agency who does not perform an assessment on a client for one, more or all of the nine A&T factors may request the assessment results from the external party who performs the assessment on the client. In this instance, the user may manually enter a score for a factor assessment for a client.

Scoring Assessments

Upon completion of the assessment, the assessment rules are executed for the factors and the assessment results are displayed to the outcome worker. The outcome worker is then presented with information on the factor scoring. For the Self-Sufficiency Assessment two types of graphs are provided - a Bar Chart and a Radar Chart. The type of graph displayed by default can be configured in assessment administration; however a case worker can also switch between the two types of graphs.

The assessment result for a factor can be derived automatically by the system based on the answers to factor assessments questions, or the assessment result for the factor is entered manually by a user. The two types of scores are totaled.

Score derived automatically by the Self-Sufficiency Assessment:

When there are questions for factors, each answer for each question for the factor has a score associated to it. Based on the answers to the factor questions. The system determines the factor assessment result by totaling the scores for each question associated with that factor. Based on the total score for each factor, the rating classification is determined (Vulnerable, Engaged, Progressing, and Self-Sufficient or Safe) for each factor.

Score manually entered by the user:

When the agency has received an external score, the user may manually enter a score for a factor assessment for a client. No additional scoring occurs for the factor. A rating classification is determined based on the score.

Viewing Assessment Status

An outcome worker needs a quick reference to see when an assessment is due. The system indicates to a user when the assessment is due and the deadline. The configured number of days is 60.

Prioritizing Factors After an Assessment

Agencies do not always have the capacity to address all of the issues identified by an assessment and must concentrate on the most urgent needs. The assessment framework supports factor prioritization. Factor prioritization allows outcome workers to prioritize factors identified by the assessment as needing urgent or further attention. Prioritization is for a person for a specific assessment. For example, if a client's assessment results indicate that housing is an identified need, these results can be prioritized so that the outcome worker attempts to address this issue before any other issues are addressed.

View Assessment Report

After an assessment is complete, the assessment results can be viewed in a report. The following displays:

Summary
Displays client details.

Assessment Results
Displays for the current assessment each factor and the classification (Vulnerable, Engaged, Progressing, Self-Sufficient or Safe), the assessment score, and if the factor is a priority.

Assessment Details
After a reassessment has occurred for an individual, the result displays for each factor for each assessment. For each factor whether it was reassessed or not, the following is listed in the report: each date/time the factor was assessed, the classification, score, and priority.

Rerunning an Assessment

A completed assessment can be reassessed. The next reassessment date defaults based on the assessment frequency.

Viewing Factor History

An outcome worker may want to see how a client's score on the Self-Sufficiency assessment has changed over time. The system allows the user to compare between two assessments for the same client. The assessment results and the assessment answers can be viewed. The purpose of the assessment history is to provide an outcome worker with access to the results achieved by client each time the client was assessed. Results are available in a list format.

Managing Advisements

Introduction

Agencies overwhelmed by heavy workloads need to consistently and quickly communicate about possible actions required on a case. Outcome workers and eligibility workers assist the same client through different roles and need an easy way to communicate with each other. Assessment and Tracking (A&T) offers an advisements feature that can be used by an outcome worker to send various notifications and recommendations to the eligibility worker. The purpose of the advisement can be for reasons such as the client completed a work registration, the outcome worker recommends a non participation reason recommendation based on the Self-Sufficiency assessment, or the outcome worker recommends a sanction based on an unresolved attendance discrepancy. Rather than sending a task to the eligibility worker, the outcome worker can send an advisement that can be tracked. The eligibility worker receives a notification of the advisement and can send back a status and comments.

Creating Advisements

From within the outcome plan, the outcome worker can create an advisement to send to the eligibility worker for the client. The advisement includes information such as an advisement type, short subject, plan reference, date, and longer advisement text. The advisement is created in pending status. The creation of the advisement creates a notification to the eligibility worker who is associated with the application or the integrated case. An advisement is sent to the associated eligibility worker. Once the advisement is sent, the outcome worker cannot modify it.

Accepting or Rejecting Advisements

From within participation on the integrated case, the eligibility worker can view the status of the advisements for the case. This worker can accept or reject the advisement based on what he or she decides to do with the advisement recommendation. The eligibility worker can enter a status and comments about the rejection which displays to the outcome worker.

Monitoring Advisements

The outcome worker can monitor the status of all the advisements for the case. The worker can view the status and rejection comments, if any, entered by the eligibility worker.

Building Outcome Plans to Achieve Positive Outcomes

Introduction

The most important part of achieving positive outcomes for clients is to identify the best course of action to meet their needs. Return to Work Outcome Management provides the tools to address these needs by allowing for the identification, scheduling, and maintenance of appropriate activities to achieve client goals and objectives.

Based on Self-Sufficiency assessment information, an outcome worker develops the outcome plan for the client. An outcome worker can select activities recommended by the system. Plans must be understood by the client with tasks and responsibilities clearly identified. Clients are asked to participate in the planning process and sign-off on the plan. Outcome plans are monitored and updated on a regular basis and may be changed when circumstances change.

Managing Outcome Plans

When when the client visits the outcomes agency based on a referral, the outcome worker searches the pending referrals for the client and creates the plan.

With the exception of the referral, all work an outcome worker does is within a plan. Because agencies have different procedures on what happens at the initial visit, A&T provides flexibility in these procedures. On the initial visit, the agency may wish the outcome worker to complete only the referral. Alternatively the agency may wish the outcome worker on the initial visit to create activities for the client without an assessment or immediately start an assessment which leads to activities.

Opening Outcome Plans

An outcome plan is always associated with an integrated case. When creating an outcome plan from an integrated case, the referred members of the integrated case are available for addition to the outcome plan.

Because agencies have differing procedures, each referred client on an integrated case can have their own plan. Or they can all be on the same plan.

Managing Client Activities

The most important part of achieving positive outcomes for a client is the identification and scheduling of activities to address their needs. Outcome workers assign activities (actions, services, or referrals) to the client based on barriers or needs. Activities can be associated with a federal component. Federal components are a way to group activities based on regulatory policy; these components are further categorized as core or non-core.

What are activities?

As part of activity assignment, A&T allows the outcome worker to assign activities that are classified as actions or services to a client. A service has a provider associated. Providers are maintained in Cúram Provider Management. Actions do not have a provider associated. An activity can also be a referral to an external provider for a service which can help the client but are not paid for by the agency.

The following is the list of actions that are pre-defined as part of the A&T content:

- Apply for Child Care Assistance

- Arrange for Backup Child Care

- Become Self-Employed

- Enroll Child with Child Care Provider

- Increase Hours

- Increase Wages

- Meet with Child Care Resource & Referral Representative to Select child Care Provider

- Obtain Benefits

- Obtain Full-Time Employment

- Obtain Temporary/Seasonal Employment

- Participate in Advanced Degree Program

- Participate in Bachelor's Degree Program

- Retain Employment

- Submit Attendance Log

- Submit Job Search Daily Logs to Case Manager

The following is the list of services that are pre-defined as part of the A&T content:

- Attend Job Readiness Workshop

- Attend Life Skills Training

- Child Care

- Gain Work Experience through Vocational Education
- House Care
- Participate in ESL Program
- Participate in High School/GED Certificate Program
- Participate in Job Search
- Participate in Literacy Program
- Participate in Vocational Certification Program
- Participate in Work Experience Placement
- Participate in on-the-Job Training Placement

Selecting Activities

Based on the Self-Sufficiency assessment, the system recommends plan activities. Work activities (services, actions, and referrals) are suggested based on the assessment factors and ratings for the client. The outcome worker can choose to add the suggested work activities to the outcome plan. For instance an individual who has not finished high school will be assigned activities that will lead to obtaining a diploma or GED before starting other work activities. Non-suggested activities can also be added.

The A&T content includes initial activities for Cash Assistance. Also many of these activities are recommended based on self-sufficiency scores. Mapping of recommended activities can be configured.

For information on activities, see the `Cúram Outcome Management Guide`.

Scheduling Actions and Services

The system enables the outcome worker, for each action plan item, to specify:

- The start date of the action or service plan item.
- The end date of the action or service plan item.
- The frequency for an action plan item.
- The number of hours per week for the action plan item.
- The number of days per week for the action plan item.
- The estimated cost for the action plan item.
- The federal component, if any, with which to associate the action (the federal component can be used for calculating hours for TANF Data Reports).

Generating External Referrals

The system allows the outcome worker to manage external referrals to a provider. The user can record referral provider information such as name, address, email, and phone number. The worker can write a letter for the client or provider. If indicated, the system will automatically send a referral letter to the client and or the entered provider. Alternatively the outcome worker can print the letter. This referral is different from an outcomes services referral that is between internal organizational units and is not associated with a plan item. The referral can be associated with assessment factors.

Associating Plan Activities with Federal Components

Government regulations set goals that clients participate a specified number of hours in specialized groups of activities. A&T includes features to associate activities to groups of activities (federal components) to facilitate tracking and regulatory reporting. Initial content is provided for components for both Cash Assistance and Food Assistance. Government regulations further break down the specialized groups of activities into sub categories called core and non-core activities. Agencies can configure the federal components and if they are considered core or non-core. For Cash Assistance, activities are

mapped to federal components as part of initial content. For Food Assistance federal components are provided as part of initial content; however, because no activities (services or actions or referrals) are provided as initial content, no mapping of components to activities is provided. Agencies can configure Food Assistance activities as desired.

In viewing participation, if an activity is associated with a federal component that is configured as Core, then the hours are listed in the Core column. Likewise if an activity is associated with a federal component that is configured as Non-Core, the hours are listed in the Non-Core column. Activities that are not associated with a federal component are listed in the Other Hours column.

Understanding Cash Assistance Federal Components

Below are the initial Cash Assistance federal components and whether they are considered to be core or non-core.

Component	Type
Unsubsidized Employment	Core
Subsidized Private Sector Employment	Core
Subsidized Pubic Sector Employment	Core
On-the-Job-Training	Core
Work Experience	Core
Job Search & Job Readiness Assistance	Core
Community Service	Core
Providing Child Care Services To An Individual Who Is Participating In A Community Service Program	Core
Vocational Education Training	Core
Job Skills Training Directly Related to Employment	Non-Core
Education directly related to employment, in the case of a recipient who has not received a high school diploma or a certificate of high school equivalency	Non-Core
Satisfactory attendance at secondary school or in a course of study leading to a certificate of general equivalence, in the case of a recipient who has not completed secondary school or received such a certificate	Non-Core

Understanding Food Assistance Federal Components

Below are the initial Food Assistance federal components and whether they are considered to be core or non-core.

Component	Type
Work experience or Training	Core
On-the-Job-Training	Core
Workfare	Core
Education	Non-Core
Self-employment Training	Non-Core

Component	Type
Independent Job Search	Non-Core
Job search Training and Support	Non-Core
Vocational Training	Non-Core
Self-initiated Workfare	Non-Core
WIS	Non-Core

Approving Plans

As the client progresses through the self-sufficiency plan, the worker will conduct periodic assessments to reevaluate the client's strengths, needs, and barriers and will adjust the plan accordingly. Outcome workers monitor the client's progress by performing reassessment and adjusting the activities or creating new activities based on the needs identified for the client to become self-sufficient. Based on agency procedures, a new agreement can be created.

Closing an Outcome Plan

An outcome plan can be closed when all goals and objectives within the outcome plan have an outcome specified (i.e. whether the outcome was attained or not attained) or when the associated eligibility case closes. Once closed the outcome plan status changes from 'Open' to a status of 'Closed'. A status history is maintained for outcome plans displaying the start and end date of changing statuses.

Managing Client Agreements

Return to Work Outcome Management uses plan agreements from Outcome Management to track the status of the planning process. An important part of the plan is for both the client and the outcome worker to acknowledge the plan. There is typically only one client on an agreement. There can be more than one agreement for a plan. If there is more than one person on a plan, the agreements for the various individuals can have different dates on their plans. A client agreement is created, approved, issued, signed, and monitored.

Monitoring Client Plans

As the client progresses through the self-sufficiency plan, the worker will conduct periodic assessments to reevaluate the client's strengths, needs, and barriers and will adjust the plan accordingly. Outcome worker monitors the client's progress by performing reassessment and adjusting the activities or creating new activities based on the need identified for the client to become self-sufficient. Based on agency procedures, a new agreement can be created.

Monitoring Client Eligibility Changes

Because an agency can have multiple workers making changes on an integrated case, the outcome worker needs to be aware of changes that have occurred to the case as they happen. Often a client's circumstances change while they are in receipt of benefits.

Change in Work Eligibility

When work eligibility changes, the outcome worker receives a notification. Additionally, the outcome worker can monitor work eligibility through the features for Work Eligibility and View Participation Summary for both Cash Assistance and Food Assistance.

Change in Program Eligibility

When program eligibility status changes for Cash Assistance, an outcome worker receives a notification. If the Cash Assistance product delivery has closed, the outcome worker can close the plan.

Monitoring Client Participation

Introduction

Fundamental to the success of achieving positive outcomes for a client is the ability to monitor a client's progress toward his or her own goals. It is important to also monitor and maintain activities to make certain that the client is not only participating, but also getting what they need from these activities (effectiveness) and to ensure that providers are delivering the appropriate quality level of service provision. Return to Work Outcome Management supports the maintenance of activities on an outcome plan. An important aspect of delivering services to clients is to ensure that the service being delivered is of high quality and to also ensure that providers are paid for the services delivered. The system provides the outcome worker the flexibility to make changes to a service or action based on client needs (participation and effectiveness). Monitoring is done through tracking attendance, managing discrepancies from expected attendance, and monitoring toward personal and federal participation goals.

Tracking Attendance

Attendance is tracked from within the plan. Providers can submit client attendance either through the provider self-service application or by submitting the completed paper roster sent by the organization. Cúram Provider Management generates attendance rosters for all providers that are required to report client attendance for the reporting period. The system also automatically creates client attendance records based on the provider rosters. An outcome worker can also complete and submit an attendance roster.

For more information, see `Cúram Provider Management Business Guide`.

Excused Absences and Holidays

Absence types can be configured in Cúram Provider Management. Certain absence types are considered excused as follows:

- Authorized Holiday
- Did not attend
- Discharged
- Emergency Closing of
- Family Bereavement
- Hospitalization
- In Custody
- Medical
- Sickness

    The following types are considered not excused: Did not attend - Not Excused and Unauthorized Holiday.

Viewing Participation Summaries

It is important for the outcome worker to have feedback as soon as possible as to whether the client is meeting his or her own plan's participation goals. The outcome worker can select from clients on a plan and view by month a summary of the hours in which the client participated by program. Summaries are available for the entire month and can be viewed by week in the month.

The outcome worker can see for the selected month and client and program the following: the total scheduled monthly core hours, total scheduled monthly non-core hours, and an indication of whether the client met his or her own hours for the selected month.

If a client's attendance is to be submitted weekly or bi-weekly rather than monthly, an outcome worker can view real-time client attendance for the weeks that have been entered rather than waiting until the end of the month. The hours for the month are summed by week and categorized by: week in the month, start and end date of the week, total core, total non core, other hours, and whether the client met his or her own scheduled hours. Other hours means hours that are not core or non core. For each week, the worker can see additional details by type of hour (core, non core or other): scheduled hours, attended (actual) hours, excused absence hours, recognized holiday hours, and unexcused absences.

Agencies can configure how months are displayed/reported. The configurations include the first day of the week and the month calculation method. The two main types of month calculation methods are calendar method and a full-weeks methods. By default, the first day of the week is Sunday. The month calculation method is a full-weeks method. When the actual calendar month does not start on the first day of the week (Sunday) or end on the last day of the week (Saturday), the system determines which month has the most days in the week. For example if the calendar month of March ends on a Tuesday (so that March includes Sunday, Monday, and Tuesday) then for that week there are only three actual days in March. Then April has four actual days which is more than the three days in March. So the March days are determined be in the "April" reporting month (Property Application Participation Method). If the calendar month is selected, then a multiplier is used to calculate the number of weeks in the month. The default of 4.33 can be configured (Property Average Number of Weeks per month settings).

Managing Discrepancies

Outcome workers overwhelmed by heavy workloads need an easy way to know if clients are meeting all the expected hours for the activities and services outlined in their plans. Some activities lend themselves to a provider entering attendance while for others, the outcome worker may enter the attendance. When the provider enters attendance, the outcome worker may not be aware if the client is short hours. Discrepancy checks on scheduled hours vs. actual participation hours can be planned periodically to create notifications to all outcome workers of potential issues with their clients' attendance. These checks evaluate if any of their clients are missing expected plan hours as of a pre-selected date.

Generating Discrepancies

On a configured day of the month, A&T executes a batch process that compares scheduled versus actual attended hours for Cash Assistance clients for all active outcome plans to determine whether the client has met the required participation. The batch process name is Discrepancy Batch Process. If a discrepancy exists, it is stored. So that the outcome worker knows which cases to review, the outcome worker is notified for each outcome plan where there might be an issue. Discrepancies are created and recorded for individual activities. The information captured on discrepancy records may include: client name, discrepancy date, activity, period, scheduled hours, actual hours, discrepancy month, and deadline. The configured date to run the batch process is after all the attendance is in the system for the previous month. The initial date is the 15th. There are separate "paid" and "unpaid" activity checks that are set up as part of federal allowable components.

There are several configurations for discrepancy checks in Property Administration:

- Discrepancy Check Process Run Date Settings. The date of the month on which the discrepancy check process should run. Default value 15.

- Resolve Discrepancy Days. The worker has a configurable number of days to resolve discrepancies. Default value 5.

- Discrepancy POD Settings. Specifies the maximum number of discrepancies that needs to be displayed in Pending Discrepancy Pod. Default value 6.

Paid Activity Check:

If the client's scheduled hours of participation in paid activities does not match the actual hours of paid activities and a client does not have a Cash Assistance work non-participation reason which covers the period, a discrepancy is generated when the batch process runs.

Unpaid Activity Check:

If the client's scheduled hours of participation in unpaid activities does not match the actual hours of unpaid activities, the system validates for Cash Assistance clients the excused absence reason for not attending the activity and determines if a discrepancy situation exists and whether a discrepancy record should be created.

Part of discrepancy evaluation is checking for exceeding regulatory limits for excused absences and holidays. Limits for excused absences are 16 hours in a month and 80 hours in 12 months. Limits for holidays are 10 in a calendar year. Specific checks include:

- If the excused absence reason is determined acceptable and no Cash Assistance non participation reason exists, no discrepancy exists. The client's hours of not participating count towards meeting their actual hours.

- If the excused absence reason is determined acceptable and a Cash Assistance non participation reason exists, no discrepancy exists. The client's hours of not participating count towards meeting their actual hours.

- If the excused absence reason is determined acceptable and a Cash Assistance non participation reason exists, no discrepancy exists. The client's hours of not participating count towards meeting their actual hours.

- If the excused absence reason is acceptable and the client does have a Cash Assistance non participation reason that covers the scheduled period, no discrepancy exists and the client's absence hours count towards meeting their actual hours.

Investigating and Resolving Discrepancies

The worker views the discrepancy records and determines the resolutions manually. Tools are provided to help the worker know which discrepancies must still be acted upon. Discrepancies are created by activity so that discrepancies on different activities on the same plan can be monitored separately. Possible tasks that a worker may perform are to verify the attendance records and enter the missing attendance/absences and update the discrepancy status. Based on client's circumstance and his participation in work activities, outcome worker can send an advisement to the eligibility worker about any issues.

Viewing Discrepancies Over Time

When investigating a client's current discrepancy, a worker may wish to review if a client has previously had an issue with this particular activity in the past. A&T provides the information for this review including such details as: client name, activity name, activity period, scheduled hours, actual hours, associated month when the discrepancy occurred, previous resolution, resolution date, and comments. A possible resolution might include that the discrepancy was a client error, a provider error, or a valid discrepancy.

Monitoring Client Progress/Case Reviews

To ensure that the activities on the outcome plans are achieved and appropriately address the needs of clients, outcome workers review outcome plans regularly. This feature allows an outcome worker to review the goals, objectives, services and actions, and modify any component of outcome plans based on the client's progress.

Each type of outcome plan can be configured to define the number of days after which the plan is created that the first review should occur. In addition, a review frequency can then be specified that defines when the next review needs to be undertaken.

As part of the review process, A&T includes a number of assessment tools to assist in the decision making process with regards to the needs of the family and the recommended self-sufficiency goals of a client. If warranted, the client and outcome worker will also complete an updated Self-Sufficiency Assessment to help guide and formulate the revised outcome plan activities.

Using Productivity Tools

Introduction

This chapter provides an overview of the outcome workers' productivity tools.

Productivity Features

Assessment and Tracking (A&T) provides a number of features from the integrated case to assist the outcome worker role in achieving a positive outcomes for clients:

- Attachments
- Case Participants
- Communications
- Events
- Notes
- Tasks

Outcome Worker Summaries

Because of the high caseload of eligibility and outcome workers it is often difficult to be constantly aware of activities that need immediate attention. To assist them with their daily work activities, A&T provides a number of summaries available on the home page for the outcome worker role which can be used to highlight areas of work that may need their urgent attention. For example, a plan review may need to be performed in the next few days or the review may be overdue already. This section outlines functionality which will help workers to easily identify work activities that need to be addressed. The productivity pages and case summaries described below are specific to outcome planning and are in addition to those available in other parts of the Cúram Business Application Suite.

My Assigned Referrals:

So that the outcome worker role has an easy reference to all assigned outcomes services referrals, A&T displays outcomes services referrals that have been reserved by, or assigned to, the currently logged in worker. The outcome worker can also mark the outcomes services referral as complete changing the status of the outcomes services referral. Once the outcomes services referral is marked as complete, it no longer displays as a pending outcomes services referral.

Find a Client's Pending Referral:

When a referred client comes into the outcomes services office, the outcome worker role can search from the available (non-reserved) outcomes services referrals for the currently logged in worker's unit. The worker can search by name and date of birth. A list of all pending outcomes services referrals for the office is also available.

My Assessments Due:

Outcome workers can view a summary of Self-Sufficiency Assessments that are due or overdue that have been assigned to the currently logged in worker. This summary can be used by the outcome worker role to identify Self-Sufficiency Assessments that need to be performed immediately. For example the assessment might be due within 90 days (the initial value) of the application date. The deadline is a configurable value for the agency (Property Initial Assessment Timeframe Settings).

My Pending Discrepancies:

So that the outcome worker has a quick reference to newly detected or unresolved discrepancies, they can view a summary list of the attendance / participation discrepancies identified by A&T that are pending review by the currently logged in user. This summary can be used by the outcome worker role to identify reviews that need to be performed immediately.

Outcome Worker Supervisor

The Outcome Worker Supervisor manages the workload of an organizational unit responsible for outcome worker functions. This worker can perform the same functions as an outcome worker and will have access to supervisory functions and receive escalation of tasks where necessary.

Outcome Supervisor Summaries

This section outlines functionality that will help supervisors to easily identify work activities that need to be addressed. The summaries described below are available to an outcome supervisor role on their home page and are specific to A&T. These summaries are in addition to those available in other parts of the application.

Overdue Assessments:

Supervisors can view a listing of the Self-Sufficiency assessments that are within the 'warning' time frame or are overdue based on the work flows defined that are associated with the currently logged in supervisor's unit. The outcome worker supervisor role can see details such as plan reference, plan owner, client, due date, and days overdue. Time frames can be configured (Property Initial Assessment Timeframe Settings).

Overdue Discrepancies:

Supervisors can view a listing of the overdue attendance / participation discrepancies identified by the monthly discrepancy check job that are pending review by workers in the currently logged in supervisor's unit. The outcome worker supervisor role can see details such as plan reference, plan owner, client, due date, and days overdue. Time frames can be configured (Property Resolve Discrepancy Days).

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