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To turn around performance, department announces major changes to Michigan's Universal Caseload initiative

CADILLAC, Mich. – Today Michigan Department of Health and Human Services (MDHHS) Director Robert Gordon announced major changes to the Universal Caseload (UCL) project aimed at improving unacceptable timeliness levels in processing public assistance benefits cases.

In February 2018, MDHHS began a project aimed at improving the handling of public assistance cases. By October, the project had expanded to 50 counties in 10 areas.

In the old system, each case is assigned to a caseworker whom the client must call, usually leaving a voicemail. In the new system, a pool of caseworkers for each area – or “geogroup” – handles most cases. The aim is to enable the customer to speak to a caseworker on a first call. Customers can still visit offices for assistance.

Most states are moving in the direction of UCL– sometimes named “task-based processing” or “shared services” – in order to provide more reliable and efficient service.

To date, Michigan's rollout of UCL has been enormously problematic. Currently, the backlog in UCL counties averages approximately 32 percent, compared to 4 percent in non-UCL counties. This has meant that many department clients face long delays in getting services to which they are entitled by law. Both MDHHS employees and customers have voiced serious concerns over the implementation. Since beginning on Jan. 14, Gordon has prioritized addressing these issues.

“The implementation of UCL has been unacceptable – to me, to the department's leadership, to our caseworkers, and most importantly, to the Michiganders in need who we have the privilege and the responsibility to serve,” Gordon said. “But we've learned a lot, we're seeing progress, and we know our plan to turn around our results. I commend our staff for their hard work on this important project.”

Gordon has now spoken with more than 100 caseworkers working with UCL in five counties. He has also met with managers, caseworkers, clients, legislators, union representatives and national experts on benefits delivery.

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“We are doing everything possible so we can be in a dramatically better place on backlogs within the next three months,” Gordon said. “We are going to track our progress every week and we are providing the tools for the public to also track our progress.”

Among the key steps in the turnaround plan:

- Moving staff to counties with the largest backlogs. Already, the department has supplemented UCL counties with 85 staff redirected from non-UCL counties. The department also is in the process of redirecting 50 staff members to UCL counties from a central office processing unit. In addition, the department has created 32 temporary lead workers to assist in monitoring and facilitating the action plan. These 32 workers will be assigned across geogroups, with approximately three in each geogroup.
- Breaking up the Upper Peninsula geogroup and discussing options for the other geogroups facing the largest challenges.
- Changing technology to better prioritize work and to increase caseworker discretion.
- To allow caseworkers time to focus on processing applications, adjusting phone time for customers to 9 a.m.-3 p.m. Monday-Friday – from 8 a.m.-4:30 p.m. previously. This will ensure same-day service and provide uninterrupted processing time at the end of the day.
- Piloting additional changes, such as reintroducing voicemails to allow customers under certain circumstances to leave voicemails
- Setting measurable improvement goals and monitoring progress against those goals on a weekly basis, via a simple reporting dashboard [on the MDHHS website](#), where a list of the 50 UCL counties can also be found.
- Halting further rollout of UCL until MDHHS has worked backlogs down to the level in non-UCL counties.

Many other states have moved to UCL as it promises several benefits:

- Faster and more reliable service: Clients don’t need to leave voicemails, which may be dropped if a caseworker is unavailable. The aim is to handle most calls in one interaction.
- Greater efficiency: When work is shared across counties, capacity can swing based on level of need.
- More visibility: The shared system allows supervisors to observe client experience and caseworker interactions more easily.

“Michiganders deserve better, and we’re committed to delivering better,” Gordon said.

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