

State: GEORGIA

Corrective Action Plan for: APPLICATION PROCESSING TIMELINESS

Corrective Action Plan Type: May Update

ROOT CAUSE ANALYSIS

In identifying the root cause of each deficiency, please address the following per 7 CFR 275.16(c):

(1) Magnitude of the deficiency [(defined in 7 CFR 275.15(c)(3)]: Based on the latest FNS Quality Control (QC) data covering January 2023 – June 2023, QC Timeliness is under 95%. Georgia Application Processing Timeliness (APT) rate is under 95 percent. The current Expedited Application Processing Timeliness rate is 63.82% and the current Un-expedited Application Processing Timeliness rate is 72.44% for a total of 68.25% as of 3/31/24. Georgia is currently out of compliance with Federal requirements related to Timeliness. Georgia is currently experiencing a staffing issue. Georgia currently has 799 Case Managers as of 4/9/24 completing case processing functions which are divided between Applications and Renewals. Georgia is experiencing a Renewal Backlog issue and chose to move 196 case managers, who were only completing applications, to assist in completing 29,000 SNAP Renewals. There are 277 Case Managers currently completing SNAP training. Once they have completed training, they will assist in completing Renewals so that the 196 Applications case managers can be moved from Renewals back to Applications. Georgia also currently has a backlog of 51,734 SNAP Applications as of /9/24. When the Renewal backlog is decreased by 5,000 cases, each district will move 5 case managers back to Applications. Additional staff will be released to complete Applications as the backlog decreases and staff successfully complete training.

(2) Geographic extent of the deficiency (e.g., Statewide/project area or management unit): The deficiency is occurring statewide. No District currently has a 95% Application Processing Timeliness Rate

(3) Anticipated results of corrective action(s): Georgia improving its' 69.75% APT rate by 5% every 6 months from the CAP approval date. 75% in 6 months, 80% in 12 months, 85% in 18 months, 90% in 24 months and 95% in 30 months.

(4) High probability of errors occurring as identified through all management evaluation sources: The State Agency use all Applications submitted by customers in a months' timeframe to calculate the APT rate. Quality Control and Quality Assurance uses a sample of Applications to determine their Application Processing Timeliness Rate. The Standard of Promptness rate calculated by the Quality Assurance Unit was 96% for FFY '23.

Deficiency / Identified Root Cause	Corrective Action Strategies	Metric(s)/Evaluation Measure(s)	STATUS	Completion Date
Deficiency #1: Application Timeliness Rate – Expedited and Un-expedited Applications				
<p>Root Cause #1: Renewals vs. Applications. Case processing functions are divided between Applications and Renewals. For the past months, the State Agency has been focused on completing a backlog of Renewals. The SA has moved approximately 200 veteran staff from completing Applications to completing Renewals. Because of that move, Applications Processing Timeliness has gone below 95%.</p>	<p>Strategy #1: Staff Movement. Short term Strategy - The SA will methodically move veteran staff who are currently processing Renewals back to processing Applications when the states' Renewal backlog decreases by 5,000 cases. Long term strategy – All staff will eventually be moved back to their appropriate roles when there is no Renewal backlog.</p>	<p>OFI Field Leadership will monitor the Renewal backlog to determine when to move 5 staff per district from processing Renewals to processing Applications</p>	<p>Ongoing beginning 3/1/24 or when CAP is approved. The State Agency was able to move 53 staff who were completing SNAP Renewals to completing Applications in 3/24.</p>	<p>December 2026</p>
	<p>Strategy #2: Approved Overtime. Short term strategy – Voluntary overtime has been approved for Case Managers to assist in reducing the backlog of Renewals and Applications at a maximum of 12 hours per week. Cases that have been progressed are submitted to District Leadership for review to determine if case managers can continue to participate in Voluntary</p>	<p>District Leadership monitors the completion of overtime cases through reports received from the case managers' Supervisors. Supervisors use Dashboards and daily Data reports to monitor completed cases.</p>	<p>Ongoing Began 11/1/23</p>	<p>When overtime funds are exhausted or 6/30/24</p>

	overtime. The case managers are required to progress 2 cases per hour. Long term strategy – There is no long term strategy as overtime is only offered when funds are available.			
	Strategy #3: Stipend work. Short term strategy - Exempt FLSA employees have the opportunity to complete Renewals after regular business hours to receive additional compensation. These employees are required to complete 25 cases during the current pay period. The SA has averaged 6,000 completed cases per month. This assists with reducing the Renewal Backlog which would provide the opportunity to move veteran case managers temporarily assigned to Renewals to complete Applications which in turn will increase the APT rate. Long term strategy - There is no long term strategy as the stipend is only offered when funds are available.	Unit Management monitors completion of stipend cases by receiving reports from direct Supervisors of employees completing Stipend cases. Unit Management then verifies the completion of cases by reviewing a sample of cases.	Ongoing Began 11/1/23	When stipend funds are exhausted or 6/30/24
Root Cause #2: Training of new staff. The SA has hired 1182 new staff since January 1, 2023. With the Public Health Emergency (PHE) unwinding, the SA focused on completing Medicaid Re-determinations. Most of the new staff hired, completed Medicaid training first in order to assist with completing those Medicaid re-determinations and were waiting to complete SNAP training.	Strategy #1: Training of new staff. Short term and long term strategy - Beginning 3/24, any new staff hired will complete SNAP training first and be ready to process Renewal cases immediately so that the veteran application case managers can return to completing applications, which will assist with raising the APT rate.	The Training and Professional Development unit will monitor the number of newly hired staff who successfully completed SNAP training. When these case managers are released to the Districts, they will complete SNAP renewals so that Applications case managers can return to complete Applications. The SA agency will monitor the Renewal backlog to determine when to move 5 staff per district from processing Renewals to processing Applications	Ongoing Beginning 3/1/24 or after CAP is approved. New staff who have recently completed training will assist with current SNAP renewals.	December 2026
	Strategy #2:		Select Status.	Enter Completion Date
	Strategy #3: Enter the 3 rd corrective action strategy.	Enter the metrics or evaluation measures that will be used to evaluate the effect of the strategy.	Select Status.	Enter Completion Date

ROOT CAUSE ANALYSIS

In identifying the root cause of each deficiency, address the following per 7 CFR 275.16(c):

- (1) Magnitude of the deficiency [(defined in 7 CFR 275.15(c)(3)]: Enter the magnitude of the deficiency, as defined in 7 CFR 275.15(c)(3).
- (2) Geographic extent of the deficiency (e.g., Statewide/project area or management unit): Enter the geographic extent of the deficiency.
- (3) Anticipated results of corrective action(s): Enter the anticipated results of corrective action(s).
- (4) High probability of errors occurring as identified through all management evaluation sources: Enter the high probability of errors occurring as identified through all ME sources.

Deficiency / Identified Root Cause	Corrective Action Strategies	Metric(s)/Evaluation Measure(s)	STATUS	Completion Date
Deficiency #1: Application Timeliness Rate – Expedited and Un-expedited Applications				
<p>Root Cause #3: Inaccurate Data reports. The SA is receiving reports from its' data source that are not accurate. The Pending Application Progress report is published daily. The report is reviewed by State and District Leadership to determine which Applications to process as the Standard of Promptness approaches. The data is inconsistent as cases disappear and re-appear on the reports and these cases must be researched to determine their validity.</p>	<p>Strategy #1: Short term and long term strategy – Since the inception of Georgia’s IES System (GATEWAY),the Performance, Planning and Reporting (PPR) Unit works in conjunction with our Data source to ensure that progress is made to receive more accurate Data reports 5 Supervisors working with PPR.</p>	<p>The PPR unit along with OFI Field Leadership and District Leadership will continue to monitor these reports for their validity, provide feedback and file defects until there are no discrepancies. The PPR Director keeps a list of the current defects and removes them from the list when they have been resolved.</p>	<p>Ongoing Began 2/1/17 when IES system was implemented</p>	<p>Until the defects are resolved – targeted date December 2024</p>
	<p>Strategy #2: Enter the 2nd corrective action strategy.</p>	<p>Enter the metrics or evaluation measures that will be used to evaluate the effect of the strategy.</p>	<p>Select Status.</p>	<p>Enter Completion Date</p>
	<p>Strategy #3: Enter the 3rd corrective action strategy.</p>	<p>Enter the metrics or evaluation measures that will be used to evaluate the effect of the strategy.</p>	<p>Select Status.</p>	<p>Enter Completion Date</p>
<p>Root Cause #4: Interviews are not being scheduled timely in order for the customer to participate in program by the 7th (Expedited) or 30th (Un-expedited) day. Because of there not being enough staff to complete Applications, Expedited Applications take precedence. There are not enough interview slots in the day to schedule all of the Expedited applications, a small number have to be scheduled as the case approaches the Standard of Promptness if the customer cannot be reached via cold calls.</p>	<p>Strategy #1: Staff Movement. Short term strategy - The SA will methodically move veteran staff who are currently processing Renewals back to processing Applications when the states’ Renewal backlog decreases by 5,000 cases. Long term strategy - The SA will then be able to increase the number of Interviewing slots so that Interviews are scheduled timely and be able to maintain the number of Interviewing slots.</p>	<p>OFI Field Leadership will monitor the Renewal backlog to determine when to move 5 staff per district from processing Renewals to processing Applications which will create additional Interviewing slots.</p>	<p>Ongoing Beginning 3/1/24 or after CAP is approved The State Agency was able to move 53 staff who were completing SNAP Renewals to completing Applications in 3/24.</p>	<p>December 2026</p>
	<p>Strategy #2: Interview Scheduling BOT. Short term and long term strategy – The System Enhancement Team has developed a BOT to assist in scheduling Application Interviews timely. When staff are moved from Renewals to Applications, the BOT will run to</p>	<p>The System Enhancement Team and OFI Field Leadership will determine when the BOT will be in effect. They will monitor the Interview Scheduling BOT to ensure Interviews are being scheduled in a timely manner and that they are enough scheduling slots available.</p>	<p>Ongoing Beginning 3/1/24 or after CAP is approved. Georgia is still piloting the Interview Scheduling BOT and will not be ready for deployment until 6/1/24.</p>	<p>December 2026</p>

	ensure timely Interviews are scheduled in order for customers to participate within 7 or 30 days.			
	Strategy #3:			Enter Completion Date

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(2) Geographic extent of the deficiency (e.g., Statewide/project area or management unit): Enter the geographic extent of the deficiency.				
(3) Anticipated results of corrective action(s): Enter the anticipated results of corrective action(s).				
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Deficiency #1: Application Timeliness Rate – Expedited and Un-expedited Applications				
Root Cause #5: Re-assignment of Work. When Case Managers were in program cross training or on leave, applications were not completed or reassigned timely to meet Standard of Promptness (SOP).	Strategy #1: Work Plan. Short term and long term strategy – Beginning May 2024, OFI Field Leadership along with District Leadership will develop a plan to ensure that all case approaching the Standard of Promptness are completed timely in the absence of the case worker that is assigned to the case	District Leadership will monitor the plan for its’ effectiveness utilizing the Pending Application Progress report and Supervisors’ dashboards to determine if adjustments need to be made	Ongoing Implementation Plan to begin 5/1/24. Georgia is still working on the draft of the Work Plan and expect it to be implemented by 9/1/24.	May 2024. Monitoring will be ongoing
	Strategy #2: Enter the 2 nd corrective action strategy.	Enter the metrics or evaluation measures that will be used to evaluate the effect of the strategy.	Select Status.	Enter Completion Date
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Deficiency / Identified Root Cause	Corrective Action Strategies	Metric(s)/Evaluation Measure(s)	STATUS	Completion Date
Deficiency #1: Application Timeliness Rate – Expedited and Un-expedited Applications				
Root Cause #6: Hiring. The State continues to fill vacancies and has developed several ways of recruiting new staff in some hard-to-reach areas of the state.	Strategy #1: . Shifting applicants. Short term and long term strategy - The SA attempts to shift applicants, who apply in congested areas to cover those areas where not a lot of applicants apply, before they are hired.	. OFI Deputy Field Operation Directors monitor the Quarterly vacancy report to determine where the vacancies are in the state. They then conference with District Managers around those vacancies to fill them.	Ongoing Beginning 3/1/24 or after the CAP is approved. This procedure is Ongoing as of 4/9/24.	This will continue until such time as all vacant positions exceed 90 days
	Strategy #2: Enter the 2 nd corrective action strategy.	Enter the metrics or evaluation measures that will be used to evaluate the effect of the strategy.	Select Status.	Enter Completion Date
	Strategy #3: Enter the 3 rd corrective action strategy.	Enter the metrics or evaluation measures that will be used to evaluate the effect of the strategy.	Select Status.	Enter Completion Date
Root Cause #7: Routing of work. Because of the lack of staff, work has to be routed manually to ensure that both Renewals and Applications are completed timely and to ensure the backlog is completed.	Strategy #1: . Short term strategy - Moving 30 Intake workers to complete backlog of Applications. OFI Field Leadership are manually distributing backlog Applications to newly moved Intake workers. They will complete these applications until there is no longer a backlog and then be moved to complete current work. Long term strategy - DFCS is currently working on developing a new Task Routing Process. The new process will change the way the agency currently assigns work. Currently 100% of tasks are scheduled to be assigned on a 1 to 1 routing each day with the goal to assign all work. With the new Task Routing Process DFCS will be looking to schedule One Task at a time to	Short term Strategy - OFI Field Leadership use the Daily Pending Application Progress report to determine if the Intake workers are completing these cases timely. They also use the report to determine when these Intake workers will be pulled to complete current applications. Long term strategy - Leadership will be able to view the executive dashboard and set or change the priority level daily in real time.	Ongoing Beginning 3/1/24 or after the CAP is approved. The State Agency was able to move 53 staff who were completing SNAP Renewals to completing Applications in 3/24. New Task Routing system will be implemented by 9/1/24.	Planned completion date December 2024

	each worker. This will allow workers dashboards to have less work posted and assist workers in prioritizing their work daily. Supervisors and Workers will no longer have to start each day off attempting to prioritize their assigned work as the New Task Routing system will prioritize and assign the worker each day based off the priority set by leadership.			
	Strategy #2: .			
	Strategy #3:			Enter Completion Date

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Deficiency / Identified Root Cause	Corrective Action Strategies	Metric(s)/Evaluation Measure(s)	STATUS	Completion Date
Deficiency #1: Application Timeliness Rate – Expedited and Un-expedited Applications				
Root Cause #8: Case Manager Capacity. The SA will ensure staff are reaching the capacity of cases .	Strategy #1: Short term and long term strategy - Review case and task completion. Ensure staff are meeting capacity when completing Applications in a timely manner	OFI Field Leadership along with District Leadership monitor the ESS Weekly report to determine how many cases and tasks were completed by case managers. Coaching calls are conducted through TEAMS with case managers who are below the state average	Ongoing Beginning 3/1/24 or after CAP is approved. Implemented 4/1/24.	December 2026
	Strategy #2: Enter the 2 nd corrective action strategy.	Enter the metrics or evaluation measures that will be used to evaluate the effect of the strategy.	Select Status.	Enter Completion Date

	Strategy #3: Enter the 3 rd corrective action strategy.	Enter the metrics or evaluation measures that will be used to evaluate the effect of the strategy.	Select Status.	Enter Completion Date
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