



Center for Public Sector Al

Category 3 Open Call Briefs: Systemic Efficiency and Effectiveness

April 2024



CPSAI & the 2024 Open Call Process

CPSAI's 2024 open call strategy, developed with Health & Human Services (HHS) leaders nationwide, seeks to leverage emerging technologies to tackle key service delivery challenges within state HHS agencies. This strategy aims to accelerate learning and deployment by maximizing the number of thoughtful pilots and partnerships in state HHS agencies this year.

Since January 2024, CPSAI has collaborated with HHS agency leaders to identify and prioritize the most pressing issues their systems face. This effort has resulted in the creation of 'Prompts' - broad categories outlining areas where technological innovation can enhance HHS systems and the communities they serve:

Enhancing Client
Experience and
Engagement

Workforce Support and Effectiveness Systemic Efficiency and Effectiveness Reducing Administrative and Compliance Burden

These prompts, developed through extensive stakeholder discussions, aim to spotlight nationwide HHS challenges deemed urgent and applicable to technology-based solutions. They are divided into two types:

Open Call Prompts: Priority issues selected through the consensus of HHS leaders. Only technologies addressing these prompts will be considered in CPSAI's 2024 Open Call.

General Prompts: Issues not prioritized for the 2024 Call but will be cataloged for future exploration by HHS agencies.

The prompts intentionally offer a broad overview rather than specific technological requests. This approach encourages innovative applications of technology to meet HHS challenges without prescribing detailed solutions. CPSAI's goal is to foster creativity and support a variety of technology solutions tailored to the diverse needs of state HHS agencies.

For more information on the Open Call Process, including updates and timelines, visit <u>cpsai.org</u>.



Category 3 Systemic Efficiency and Effectiveness

This category seeks emerging technologies to enhance HHS systems' day-to-day workflows, covering data management, quality control, fraud prevention, payment, and eligibility determination.

It aims to explore how these technologies can integrate with existing HHS infrastructures to optimize operations and magnify their effectiveness.

This category is wide-ranging, covering both digital and non-digital systems across HHS programs and services. It focuses on data usage and subjective decision-making. Examples of some key systems relevant to this category are:

- Systems that govern eligibility determinations for clients seeking benefits
- Systems that govern the issuance of licenses to HHS partners (such as childcare centers)
- Systems that govern critical case determinations in child welfare and child protective services
- Data storage and management systems, as well as the systems that organize and utilize in-house data for case management and determinations
- Systems that manage in-office waiting lists and times
- Systems that manage over-the-phone waiting times
- Systems that ensure accurate and timely issuance of benefit payments
- Benefit fraud detection systems (particularly regarding detecting EBT card fraud)
- Systems that detect (and/or correct) case documentation errors
- Systems that improve HHS systems' capability to match clients seeking work to suitable employers and/or career paths

Additionally, this category seeks emerging technologies to develop or enhance existing HHS systems, aiming to equip the workforce with new capabilities.



Examples include:

- Systems that monitor critical decision-making processes throughout HHS programs to identify and counteract incidents of systemic or subjective bias
- Systems that identify cases at risk of lapsing (i.e., losing benefits due to case expiration)
- Systems that identify Medicaid clients at risk of developing chronic, costly health conditions to facilitate a preventative approach to healthcare
- Systems that detect faulty software in legacy HHS systems

Today, most HHS agencies have extensive data that is often difficult to access and utilize. This category explores how to integrate this data into daily workflows, enhancing decision-making, responsiveness to regulations, and identifying biases within HHS systems. It questions how modern technologies can organize and leverage this data, enabling workers to make informed and proactive decisions. Additionally, it considers how emerging technologies can analyze HHS data for insights, identifying and addressing systemic biases and errors in documentation, payments, and other areas.

In summary, how can emerging technologies use HHS data to empower workers to make more informed, proactive decisions? How can they help HHS systems take more responsibility for the accuracy, timeliness, efficiency, and fairness of the services they provide?

Table of Contents

Open Call Prompt Brief 3.1: Inconsistent Decision-Making Open Call Prompt Brief 3.4: Address Systemic Fraud Open Call Prompt Brief 3.10: Address Client Disincentives to Earn



Open Call Prompt 3.1 | Inconsistent Decision-Making

'Open Call Prompts' will be carried forward through the 'Open Call Process.'

Prompt Title:

Addressing the challenge of **inconsistent decision-making** across caseworkers to bring more consistency and accuracy to decision-making across the HHS system. There is a need for decision support and improved application of policy, regulation, and process in most health and human services programs, with the most referred to programs being child welfare services, eligibility determination in safety net delivery programs, and licensing and regulatory functions.

Detail:

How can emerging technologies address the challenge of inconsistent decision-making among HHS caseworkers, bringing more consistency and accuracy to HHS service determinations?

Throughout HHS systems, employees are tasked with making significant determinations on whether specific cases merit the service and/or partnership of their agency. This is particularly true of employees working in child welfare services, the safety net programs (SNAP, TANF, WIC, etc.), child support services, disability determination programs, and licensing and regulation departments.

These decisions often have high stakes. For instance, caseworkers in the safety net programs are responsible for determining whether clients are eligible for services or not. This process is complicated, rarely straightforward, and can be prone to human bias, error, and inconsistency.

Similarly, workers in child welfare services (specifically child protective services) are often tasked with determining (A) whether to investigate referrals that suggest cases of child abuse and/or neglect and (B) what resources should be provided to mitigate future risk, up to and including whether a child must be removed from his or her home as the only means to ensure immediate safety. This choice is inherently a difficult one that presents ample space for subjective judgment and, thus, also for bias and inconsistency.



Open Call Prompt 3.1 | Inconsistent Decision-Making continued

'Open Call Prompts' will be carried forward through the 'Open Call Process.'

Further, HHS systems are commonly charged with licensing and regulating healthcare providers, childcare facilities and homes, foster homes, facilities for people with disabilities, and so on. This process is inconsistent, demonstrating high variability due to subjective evaluation processes, frequent regulatory changes, and uneven application of regulatory standards by different inspectors.

This prompt asks how emerging technologies might render such decision-making processes consistent and transparent by streamlining workflows and providing logical steps to follow for each case determination. In other words, how can emerging technology ensure that such determinations exhibit high fidelity to the policies and regulations that govern them?



Open Call Prompt Brief 3.4 | Address Systemic Fraud

'Open Call Prompts' are those that will be carried forward through the 'Open Call Process.'

Prompt Title:

Leveraging technologies to **prevent, detect, and/or minimize fraud** through EBT skimming or other forms of benefits fraud.

Detail:

How can HHS systems leverage emerging technologies to prevent, detect, and/or minimize fraud — primarily through EBT skimming and other forms of benefit fraud?

Since COVID-19, rates of 'EBT skimming' have drastically increased. Because EBT cards do not carry robust fraud protection features (like those in common credit cards), in recent years, criminals have become adept at acquiring the pin numbers needed (and set by HHS clients) to charge an expense to an EBT card. Consequently, HHS agencies across the country are more frequently observing local EBT cards being used for purchases made in different states than the card was issued in — an obvious form of fraud.

Proactively addressing EBT skimming has proven difficult. On the one hand, government agencies that are already overburdened are often slow to respond to instances of fraud. On the other hand, cutting off access to an individual's EBT cards is viewed as an unfairly punitive response to fraud, which is often not the fault of the EBT card holder. For the time being, HHS agencies are struggling to develop strategies to address fraud through EBT skimming, often having to shoulder the cost of fraud themselves.

This prompt asks how emerging technologies might be used to identify, prevent, and mitigate fraud — both in relation to EBT cards and, more broadly, throughout the safety net systems.



Open Call Prompt 3.10 | Addressing Client Financial Disincentives

'Open Call Prompts' are those that will be carried forward through the 'Open Call Process.'

Prompt Title:

Creating improved client and employer understanding of how earnings interact with benefits (commonly referred to as 'Benefits Cliffs') and creating coaching around the financial disincentives that arise from that interaction.

Detail:

Most safety-net programs (including Medicaid) exhibit what is colloquially called 'benefit cliffs.' This technically means that because the number of benefits a client receives is often inversely proportional to that client's income, clients face a disincentive to increase their income at a certain income level. If they earn more, they lose benefits — either receiving a decreased assistance amount or becoming ineligible for benefits entirely. This phenomenon is often particularly acute when a possible income/wage increase (say, by being offered a raise in hourly wages) will amount to less net income per month for a given household than if that same household had denied the raise to keep receiving benefits.

In brief, within every safety net program, there is a point when accepting a wage increase means losing money — the value of benefit payments lost due to an income increase is more than the possible income gained by accepting a raise. The financial disincentives encourage benefits recipients to decline higher wages for short-term benefits preservation, thereby foreclosing long-term opportunities that might help raise households out of multi-generational poverty.

Consequently, this prompt asks how emerging technologies can better inform clients and employers about the benefits cliffs any given client might face and how such technology might be used to help clients and employers work together to address a client's needs as they work through a benefit cliff.



Open Call Prompt 3.10 | Addressing Client Financial Disincentives continued

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That is, could emerging technologies help identify when a client might face a disincentive to earn more? Could they help educate clients and employers on the nature of this disincentive so that they both are empowered to make responsible decisions about that client's work and wage? Could they help clients and employers develop strategies to put clients in an optimal position to improve their long-term income prospects?

One of the most severe aspects of the benefit cliff phenomenon is the lack of public understanding surrounding the issue. Not only do many employers and government employees not understand the nature and severity of benefit cliffs, but some also deny the reality of such income disincentives. To this end, a key component of this prompt is whether emerging technologies might be used to help educate, inform, and coach both employers and government workforces around the nature of benefit cliffs and, critically, how to strategically assist and support clients facing such cliffs.

