Unemployment Insurance (UI) Benefit Operations Self-Assessment Tool:
Intake-Initial Claims

This self-assessment review of the state's Intake-Initial Claims functional area will examine the initial claims processes for intrastate and interstate claims as well as the monetary determination process. Initial claims include new, transitional, and additional and reopened claims. The self-assessment will also review program operations. The reviewer will consult with appropriate staff regarding each operational element, as necessary, to ensure accurate and complete information is reported. This will include Unemployment Insurance (UI) administrators, IT managers, fiscal officers, office/call center managers, claims supervisors, and coordinators or reviewers.

The reviewer will provide information regarding the state's performance for each calendar quarter of the review period for first payment promptness. Use this link for more information regarding UI PERFORMS ALPs/Performance Criteria: Acceptable Level of Performance. Claims workload data will also be provided.

Upon completion of this self-assessment review, the results should be shared with UI administrators, appropriate program manager(s), and supervisors. The self-assessment findings can provide a good analysis of the state's initial claims operations and can be used to drive process and program-improvement initiatives.

A comments section is provided for each operational element, which the reviewer should use to document any observations regarding issues identified related to that specific operational element. This space may also be used to provide any additional information relating to a specific question in this section. In doing so, the reviewer should reference the specific question by number and insert the additional information related to that question.

In addition, a concluding comments section is provided at the end of the self-assessment instrument to capture any strengths identified by the reviewer in this functional area which could constitute a successful practice(s) to be shared with other states; any issues identified by the reviewer in the functional area that adversely impacts the state's performance and to identify any possible corrective actions to address the issue; and general comments about this functional area. The reviewer can provide information here that Federal reviewers and state UI administrators and managers can use to assess program operations and the state's effectiveness in providing quality services in this functional area.

Save your entries regularly as you complete the review and when you close the self-assessment to ensure your answers are saved.

SECTION 1: Procedures, Policies, and Confidentiality

The purpose of this section is to review the policies and procedures provided by the agency for staff to use in operating this functional area of the UI program. These are the written (in hard-copy, electronically, or both formats) standards, instructions, and guidelines that staff regularly use in the operation of the program. The reviewer may utilize resources that include manuals, handbooks, desk aids, computer help screens, training guides, organized collections of procedures or policies, or other readily accessible instructions which can help staff do their work correctly, including ET Handbook No. 392 for guidance regarding initial claims procedures. Instructions will normally include general information such as compilations of relevant laws and regulations, as well as detailed instructions for carrying out individual jobs in the agency. The reviewer may need to examine all relevant instructions and consult with UI administrators, office/call center managers, claims supervisors, and coordinators.

The reviewer will document whether the state has policies and procedures sufficient to provide guidance and instruction to staff involved with the initial claims process. Existing policies and procedures should be examined to determine whether they are up-to-date and address all law changes, organizational changes, and technology changes that occurred during the review period.

Helpful Info.

Question 7: If backdating is allowed, backdating procedures should be consistent throughout and when Nonmonetary Determinations are issued, all determination processes should be met and be available for random selection for BTQ reviews.

Question 11: The reviewer should review Section 303(e)(2)(A)(iii)(III) of the Social Security Act and the state's policies and procedures on intercepting child support payments before completing this section.

Question 14: The reviewer should indicate all methods the state uses to verify claimants' identity when filing a claim, and for each method indicate whether the process is conducted real-time or through a batch process.

Question 18: The reviewer should review requirements of 29 CFR Part 31 and 29 CFR Part 32 concerning providing services to claimant to determine whether the state conforms to the requirements set forth.

Question 21: The reviewer will document all methods the state uses to resolve possible incorrectly reported wages discovered through the review of SID, IBIQ and ICON queries. *(If space is not adequate to fully respond to this question, the reviewer may use space in the Comments area at the end of this section.)*

Helpful Info. (*continued*)

Question 22: The HAND application should be kept up-to-date at all times so that other states have current information. The reviewer should consult with UI administrators and the interstate coordinator to determine which agency unit/position is responsible for maintaining and making updates to the state's section of the HAND application.

Question 23: The reviewer should review requirements of 20 CFR 603.5 concerning confidentiality for UI claims records to determine whether the state conforms to the requirements set forth.

Question 24: The reviewer should review requirements of 20 CFR 603.11 concerning informing claimants that confidential information may be requested and provided to other governmental agencies to determine whether the state conforms to the requirements set forth.

Question 26: The reviewer should review methods of filing claims for the various types listed in Question 26. If the claims filing methods are different from the methods used in regular UI claims, then the reviewer should explain the differences. For example if UCFE and DUA claims are filed only in person or by mail/fax but regular UI claims has additional methods of phone and internet for filling of claims.

SECTION 2: Training

Managers/employees should possess and maintain a level of expertise which enables them to accomplish their assigned duties. Training systems should be sufficient to ensure that personnel understand and perform their duties properly. When reviewing training systems, the reviewer should consult with the state's training unit/staff and the office/call center managers and examine formal training procedures (e.g., the training is conducted using an established schedule and using set guidelines to make judgments about the quality of work being produced). The state should have procedures for identifying general and specific training needs, for developing a training curriculum and training materials, and for delivering training as needs are identified.

Helpful Info.

Question 5: The reviewer should document any technology or operational changes that have been implemented during the review period that affect initial claim intake processes. (*If space is not adequate to fully respond to this question, the reviewer may use space in the Comments area at the end of this section.*)

Question 6: The reviewer should document all law changes, program implementations or policy and procedural changes that have been implemented during the review period that affect initial claim intake processes.

SECTION 3: Workload Analysis/Management Controls

The reviewer will examine the state's ability to manage initial claims workloads, particularly through periods of unforeseen spikes in workload and will also review the methods used by the state to address such workload increases when they occur, to ensure the state's ability to provide timely initial claims intake. The reviewer will document process-improvement initiatives aimed at minimizing initial claims backlogs. The reviewer will interview office/call center managers, initial claims supervisors, performance management staff, and coordinators to thoroughly document the state's practices for managing its initial claims workloads.

Helpful Info.

Question 4: If the state has a systematic plan to manage initial claims workload increases, document the methods used and explain in the Training section how training is delivered to supplemental staff, if used.

Question 7a: Describe all business process analysis initiatives the state conducted during the review period regarding its initial claims processes and what operational changes that have been implemented as a result of those initiatives. (*If space is not adequate to fully respond to this question, the reviewer may use space in the Comments area at the end of this section.*)

SECTION 4: Performance Management

The reviewer will examine the state's practices for monitoring program performance and compliance with Federal and state law and regulations. Review the state's practices for the preparation and monitoring of corrective action plans to ensure timely and accurate submittal and methods for continued monitoring of program performance in relation to designated milestones. If the state has a performance management unit, the reviewer should consult with performance management staff in addition to UI administrators, office/call center managers, and initial claims supervisors when completing this section.

Helpful Info.

Question 1a: The reviewer should consult with UI managers for information regarding any Corrective Action Plan(s) or Narrative that the state's State Quality Service Plan (SQSP) contained during the review period for its initial claims performance.

Question 2a: If the state did not meet designated milestones on its CAP(s) during any quarter(s) during the review period, the reviewer will need to identify the milestones that were not met and provide information about why the milestones were not met from the UI managers, office/call center managers, initial claims supervisor(s), and performance management staff.

Question 3a: If the state has submitted multi-year CAP(s) the reviewer will document progress made in meeting designated milestones based upon information obtained from UI managers, office/call center managers, and initial claims supervisor(s).

Question 4a: The reviewer will document the methods the state uses to monitor its initial claims operations. If the state's processes for monitoring its initial claims performance are considered to be particularly effective and/or efficient, explain fully in the Comments area at the end of this section.

SECTION 5: Information Technology (IT)

When completing this section of the self-assessment the reviewer should consult with UI and IT administrators and office/call center managers. IT projects relating to UI initial claims processes that were completed during the review period and those planned but not accomplished will be detailed. The reviewer will assess the state IT department's delivery of programming and technical support to the initial claims functional areas.

Helpful Info.

Question 1a: The reviewer should describe any major IT projects that were conducted during the review period and provide information regarding the project status and, if completed, the success of the project.

Question 2a: If the state had IT needs related to its initial claims program that were not met, the reviewer should document the needs that were not met and the impact it had on initial claims processing efficiency and operations, if any.

Question 6a: If the state experienced any issues/problems related with telecommunicating IB initial claims information and/or from following Interstate Connection (ICON) application, then the reviewer should document if issues were corrected and how long issues continued.

Question 12: The reviewer should determine if the claimstakers give an approximate weekly benefit amount (predetermination or pseudo-monetary determination) to the claimant prior to filing an initial claim and receiving the official monetary determination in the mail. This may be needed when giving the claimant filing options.

SECTION 6: Claimant/Employer Access & Communication

The reviewer will examine the state's methods for filing initial claims. Methods used must comply with requirements set forth in Federal law. The reviewer will consult with UI administrators, office/call center managers, and initial claims supervisors when completing this section of the self-assessment. The state's methods for the filing of initial claims will be reviewed to ensure they meet Federal regulations regarding accessibility.

Helpful Info.

Question 1a: The reviewer will provide the percentage of initial claims filed by each filing method used by the state. It may be necessary to consult with the UI manager, office/call center managers or IT manager to get this information.

Question 3: For each method the state uses for filing a claim (Internet, telephone, and in-person), the reviewer should indicate the help resources/type of assistance that are available to claimants for each filing method.

Helpful Info. (*continued*)

Question 4: For each method the state uses for filing a claim (Internet, telephone, and in-person), the reviewer should indicate the means that are available to claimants to submit documentation (such as doctor's statement, pension documents) for each filing method.

Question 6: For each method the state uses for filing initial claims (Internet, telephone, in-person, and mail) the reviewer will indicate the methods used by the state to deliver Benefits Rights Information to claimants.

Question 8: The reviewer will provide the security procedures in place for address changes on initial claims filing (this could be a new claim with an address already on file, transitional, additional or reopen claim).

SECTION 7: Operational Efficiency/Resource Allocation

Through interviews with UI administrators and office/call center managers and other appropriate staff, the reviewer will determine whether the state has allocated sufficient resources to training, facilities, staff, etc. to support program operations. The reviewer will identify efficiencies and automation the state has used to improve performance and provide better service to the public.

Helpful Info.

Question 4a: The reviewer will list all initial claim types that the state processes without human intervention. If the state's processes for handling these claims are considered to be particularly effective and/or efficient, explain fully in the Comments area at the end of this section.

Question 7: The reviewer will document the methods the state uses to manage documents submitted related to initial claims. If the state's documents management systems or processes are considered to be especially effective and/or efficient, explain fully in the Comments area at the end of this section.

Question 9b: The reviewer will document any initiatives the state has implemented to improve efficiency for handling inquiry calls and the results of these efforts. If the state's processes are considered to be especially effective and/or efficient, explain fully in the Comments area at the end of this section.

Question 11a: If the state uses both surveys and focus groups, the reviewer should indicate both choices when responding.

SECTION 8: Staffing

The reviewer will examine organizational changes that occurred during the review period, if any, and their effect on the state's ability to manage its initial claims workload and to meet timeliness processing of claims. The reviewer should consult with UI administrators, office/call center managers and the state agency's human resource manager when completing this section of the self-assessment.

Helpful Info.

Question 1: Staffing allocations are examined to determine whether an adequate number of FTEs are allocated for intake of initial claims.

Question 4: The reviewer will report the number of FTEs budgeted for intake of initial claims, that is, the positions budgeted by the state after Federal "base" allocations.

Question 5: The number of FTEs dedicated to intake of initial claims impact the state's ability to meet Federal requirements for first payment promptness. Dedicated FTEs means the number of FTEs that were charged to the function.

SECTION 9: Concluding Summary Comments

The reviewer will use the Concluding Summary Comments section to highlight the state's strengths and weaknesses that impact the Intake-Initial Claims functional areas and to identify issues that have not been addressed in any other section of the self-assessment. These comments are intended to provide Federal reviewers and the state's UI administrators with additional insight into these program areas, focusing on methods that have proven to be successful and can be capitalized upon or areas where corrective measures may be needed.

The first comment area provides the reviewer an opportunity to share any examples of good and/or exemplary operations in this functional area after reviewing each operational element. The reviewer can use this space to identify any policy, procedure or operation that would constitute a successful practice that can be shared with other states.

The second comment area provides the reviewer an opportunity to document issues detected during the review that are having an adverse impact on the functional area, affecting the state's performance, ability to meet performance standards or customer service. It is also a place to recommend corrective actions for the agency's leadership to consider implementing.

The final comment area in this section provides the reviewer space to share any additional comments, concerns or observations regarding the state's operations in this functional area.