



September 13, 2019


Mr. Nicolas E. Lalpui
Employment and Training Administration
United States Department of Labor
90 7th Street, Suite 17300
San Francisco, CA 94103

Dear Mr. Lalpui,

Enclosed is the Idaho Department of Labor's Unemployment Insurance State Quality Service Alternate Year Plan for the biennial fiscal year 2019-2020.

If you have any questions, please contact John Taylor at 208-332-3570 ext. 3809,
john.taylor@labor.idaho.gov.

Sincerely,



Jani Revier
Director

Application for Federal Assistance SF-424

*** 1. Type of Submission:**

- ☐ Preapplication
☒ Application
☐ Changed/Corrected Application

*** 2. Type of Application:**

- ☒ New
☐ Continuation
☐ Revision

*** If Revision, select appropriate letter(s):**

*** Other (Specify):**

*** 3. Date Received:**

4. Applicant Identifier:

5a. Federal Entity Identifier:

5b. Federal Award Identifier:

State Use Only:

6. Date Received by State:

7. State Application Identifier:

8. APPLICANT INFORMATION:

*** a. Legal Name:**

State of Idaho

*** b. Employer/Taxpayer Identification Number (EIN/TIN):**

82-6000966

*** c. Organizational DUNS:**

1025957380000

d. Address:

*** Street1:**

317 W. Main Street

Street2:

*** City:**

Boise

County/Parish:

*** State:**

ID: Idaho

Province:

*** Country:**

USA: UNITED STATES

*** Zip / Postal Code:**

83735-0001

e. Organizational Unit:

Department Name:

Idaho Department of Labor

Division Name:

Unemployment Insurance

f. Name and contact information of person to be contacted on matters involving this application:

Prefix:

Mr.

*** First Name:**

John

Middle Name:

*** Last Name:**

Taylor

Suffix:

Title:

Financial Executive Officer

Organizational Affiliation:

*** Telephone Number:**

208-332-3570x3809

Fax Number:

208-334-6300

*** Email:**

John.Taylor@Labor.Idaho.Gov

Application for Federal Assistance SF-424

* 9. Type of Applicant 1: Select Applicant Type:

A: State Government

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

* 10. Name of Federal Agency:

U.S. Department of Labor

11. Catalog of Federal Domestic Assistance Number:

17.225

CFDA Title:

Unemployment Insurance

* 12. Funding Opportunity Number:

* Title:

13. Competition Identification Number:

Title:

14. Areas Affected by Project (Cities, Counties, States, etc.):

Add Attachment

Delete Attachment

View Attachment

* 15. Descriptive Title of Applicant's Project:

FFY 2020 Unemployment Insurance

Attach supporting documents as specified in agency instructions.

Add Attachments

Delete Attachments

View Attachments

Application for Federal Assistance SF-424

16. Congressional Districts Of:

* a. Applicant

* b. Program/Project

Attach an additional list of Program/Project Congressional Districts if needed.

Add Attachment

Delete Attachment

View Attachment

17. Proposed Project:

* a. Start Date:

* b. End Date:

18. Estimated Funding (\$):

| | |
|---------------------|--|
| * a. Federal | <input type="text" value="12,633,748.00"/> |
| * b. Applicant | <input type="text"/> |
| * c. State | <input type="text"/> |
| * d. Local | <input type="text"/> |
| * e. Other | <input type="text"/> |
| * f. Program Income | <input type="text"/> |
| * g. TOTAL | <input type="text" value="12,633,748.00"/> |

* 19. Is Application Subject to Review By State Under Executive Order 12372 Process?

- ☐ a. This application was made available to the State under the Executive Order 12372 Process for review on .
- ☐ b. Program is subject to E.O. 12372 but has not been selected by the State for review.
- ☒ c. Program is not covered by E.O. 12372.

* 20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes," provide explanation in attachment.)

☐ Yes ☒ No

If "Yes", provide explanation and attach

Add Attachment

Delete Attachment

View Attachment

21. *By signing this application, I certify (1) to the statements contained in the list of certifications** and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001)

☒ ** I AGREE

** The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions.

Authorized Representative:

Prefix: * First Name:

Middle Name:

* Last Name:

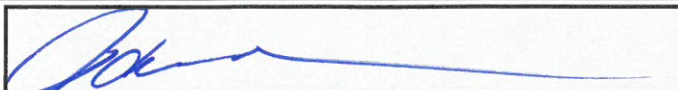
Suffix:

* Title:

* Telephone Number: Fax Number:

* Email:

* Signature of Authorized Representative:



* Date Signed:

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| | |
|---------------------|--|
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Authorized Representative:

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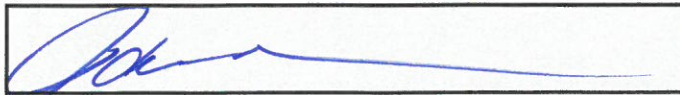
Middle Name:

* Last Name:

Suffix:

* Title: * Telephone Number: Fax Number: * Email:

* Signature of Authorized Representative:

* Date Signed:

ASSURANCES - NON-CONSTRUCTION PROGRAMS

Public reporting burden for this collection of information is estimated to average 15 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Office of Management and Budget, Paperwork Reduction Project (0348-0040), Washington, DC 20503.

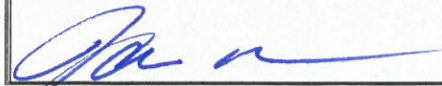
PLEASE DO NOT RETURN YOUR COMPLETED FORM TO THE OFFICE OF MANAGEMENT AND BUDGET. SEND IT TO THE ADDRESS PROVIDED BY THE SPONSORING AGENCY.

NOTE: Certain of these assurances may not be applicable to your project or program. If you have questions, please contact the awarding agency. Further, certain Federal awarding agencies may require applicants to certify to additional assurances. If such is the case, you will be notified.

As the duly authorized representative of the applicant, I certify that the applicant:

1. Has the legal authority to apply for Federal assistance and the institutional, managerial and financial capability (including funds sufficient to pay the non-Federal share of project cost) to ensure proper planning, management and completion of the project described in this application.
2. Will give the awarding agency, the Comptroller General of the United States and, if appropriate, the State, through any authorized representative, access to and the right to examine all records, books, papers, or documents related to the award; and will establish a proper accounting system in accordance with generally accepted accounting standards or agency directives.
3. Will establish safeguards to prohibit employees from using their positions for a purpose that constitutes or presents the appearance of personal or organizational conflict of interest, or personal gain.
4. Will initiate and complete the work within the applicable time frame after receipt of approval of the awarding agency.
5. Will comply with the Intergovernmental Personnel Act of 1970 (42 U.S.C. §§4728-4763) relating to prescribed standards for merit systems for programs funded under one of the 19 statutes or regulations specified in Appendix A of OPM's Standards for a Merit System of Personnel Administration (5 C.F.R. 900, Subpart F).
6. Will comply with all Federal statutes relating to nondiscrimination. These include but are not limited to: (a) Title VI of the Civil Rights Act of 1964 (P.L. 88-352) which prohibits discrimination on the basis of race, color or national origin; (b) Title IX of the Education Amendments of 1972, as amended (20 U.S.C. §§1681-1683, and 1685-1686), which prohibits discrimination on the basis of sex; (c) Section 504 of the Rehabilitation Act of 1973, as amended (29 U.S.C. §794), which prohibits discrimination on the basis of handicaps; (d) the Age Discrimination Act of 1975, as amended (42 U.S.C. §§6101-6107), which prohibits discrimination on the basis of age; (e) the Drug Abuse Office and Treatment Act of 1972 (P.L. 92-255), as amended, relating to nondiscrimination on the basis of drug abuse; (f) the Comprehensive Alcohol Abuse and Alcoholism Prevention, Treatment and Rehabilitation Act of 1970 (P.L. 91-616), as amended, relating to nondiscrimination on the basis of alcohol abuse or alcoholism; (g) §§523 and 527 of the Public Health Service Act of 1912 (42 U.S.C. §§290 dd-3 and 290 ee- 3), as amended, relating to confidentiality of alcohol and drug abuse patient records; (h) Title VIII of the Civil Rights Act of 1968 (42 U.S.C. §3601 et seq.), as amended, relating to nondiscrimination in the sale, rental or financing of housing; (i) any other nondiscrimination provisions in the specific statute(s) under which application for Federal assistance is being made; and, (j) the requirements of any other nondiscrimination statute(s) which may apply to the application.
7. Will comply, or has already complied, with the requirements of Titles II and III of the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970 (P.L. 91-646) which provide for fair and equitable treatment of persons displaced or whose property is acquired as a result of Federal or federally-assisted programs. These requirements apply to all interests in real property acquired for project purposes regardless of Federal participation in purchases.
8. Will comply, as applicable, with provisions of the Hatch Act (5 U.S.C. §§1501-1508 and 7324-7328) which limit the political activities of employees whose principal employment activities are funded in whole or in part with Federal funds.

9. Will comply, as applicable, with the provisions of the Davis-Bacon Act (40 U.S.C. §§276a to 276a-7), the Copeland Act (40 U.S.C. §276c and 18 U.S.C. §874), and the Contract Work Hours and Safety Standards Act (40 U.S.C. §§327-333), regarding labor standards for federally-assisted construction subagreements.
10. Will comply, if applicable, with flood insurance purchase requirements of Section 102(a) of the Flood Disaster Protection Act of 1973 (P.L. 93-234) which requires recipients in a special flood hazard area to participate in the program and to purchase flood insurance if the total cost of insurable construction and acquisition is \$10,000 or more.
11. Will comply with environmental standards which may be prescribed pursuant to the following: (a) institution of environmental quality control measures under the National Environmental Policy Act of 1969 (P.L. 91-190) and Executive Order (EO) 11514; (b) notification of violating facilities pursuant to EO 11738; (c) protection of wetlands pursuant to EO 11990; (d) evaluation of flood hazards in floodplains in accordance with EO 11988; (e) assurance of project consistency with the approved State management program developed under the Coastal Zone Management Act of 1972 (16 U.S.C. §§1451 et seq.); (f) conformity of Federal actions to State (Clean Air) Implementation Plans under Section 176(c) of the Clean Air Act of 1955, as amended (42 U.S.C. §§7401 et seq.); (g) protection of underground sources of drinking water under the Safe Drinking Water Act of 1974, as amended (P.L. 93-523); and, (h) protection of endangered species under the Endangered Species Act of 1973, as amended (P.L. 93-205).
12. Will comply with the Wild and Scenic Rivers Act of 1968 (16 U.S.C. §§1271 et seq.) related to protecting components or potential components of the national wild and scenic rivers system.
13. Will assist the awarding agency in assuring compliance with Section 106 of the National Historic Preservation Act of 1966, as amended (16 U.S.C. §470), EO 11593 (identification and protection of historic properties), and the Archaeological and Historic Preservation Act of 1974 (16 U.S.C. §§469a-1 et seq.).
14. Will comply with P.L. 93-348 regarding the protection of human subjects involved in research, development, and related activities supported by this award of assistance.
15. Will comply with the Laboratory Animal Welfare Act of 1966 (P.L. 89-544, as amended, 7 U.S.C. §§2131 et seq.) pertaining to the care, handling, and treatment of warm blooded animals held for research, teaching, or other activities supported by this award of assistance.
16. Will comply with the Lead-Based Paint Poisoning Prevention Act (42 U.S.C. §§4801 et seq.) which prohibits the use of lead-based paint in construction or rehabilitation of residence structures.
17. Will cause to be performed the required financial and compliance audits in accordance with the Single Audit Act Amendments of 1996 and OMB Circular No. A-133, "Audits of States, Local Governments, and Non-Profit Organizations."
18. Will comply with all applicable requirements of all other Federal laws, executive orders, regulations, and policies governing this program.
19. Will comply with the requirements of Section 106(g) of the Trafficking Victims Protection Act (TVPA) of 2000, as amended (22 U.S.C. 7104) which prohibits grant award recipients or a sub-recipient from (1) Engaging in severe forms of trafficking in persons during the period of time that the award is in effect (2) Procuring a commercial sex act during the period of time that the award is in effect or (3) Using forced labor in the performance of the award or subawards under the award.

| | |
|--|-----------------------------|
| SIGNATURE OF AUTHORIZED CERTIFYING OFFICIAL  | TITLE Director |
| APPLICANT ORGANIZATION Idaho Department of Labor | DATE SUBMITTED 9/13/2019 |

State Quality Service Plan

Alternate Year – State Plan Narrative

Idaho – FY 2019-2020

A. Overview

1. The Idaho Department of Labor's priorities for the FY 2019-20 SQSP include:
 - a. The timely and accurate payment of UI benefits.
 - b. An overall integrity goal to reduce the number of improper payments and reduce the number of misclassified workers.
 - c. Continuous business process analysis in all areas of UI to improve program efficiencies through process and the use of technology.
 - d. To provide adjudication and claims processing performance that meets the standards established by USDOL.
 - e. To assist and improve the timely reemployment of UI claimants.
 - f. To improve program performance through the implementation of various tax and benefit integrity related data mining and enforcement projects.
 - g. Continuing work on data validation.

In 2014, Idaho's UI Division underwent a major Business Process Analysis and deployed a modernized UI Tax and Benefits system. Those initiatives have shaped the current structure and processes of all UI operations in Idaho. The Business Process Analysis provided a strategic plan for the reorganization of the UI Division that allowed for consistency in planning, training, and UI delivery. The implementation of the modernized system has improved UI operations by providing user-friendly graphical interfaces, significant automation, and real-time claim processing.

Idaho is currently reducing the number of field offices from 25 to 11. The restructuring will allow staff to provide remote services to more communities to shift their focus to demand driven Employment Services and WIOA activities. Idaho continues to utilize the Lean process to reduce inefficiencies and eliminate redundancies. Idaho is placing UI Navigators in the larger field offices to better serve our customers.

2. Idaho's performance remains strong considering the continuing reductions in base funding levels over the past years.

Idaho has met or exceeded most of the ALP's for all measures in tax, benefits, and appeals. Idaho ranks very high in first pay timeliness, effective audit measures, and lower authority appeals and is above the average in all other areas.

Idaho has six issues that are included in the 2019-2020 Biennial SQSP Corrective Action Plan(s). All of the issues are minor and the plans to correct the deficiencies are included in the 2019-2020 SQSP Alternate Year Quarterly Reporting Workbook.

In the area of Integrity, Idaho received passing scores on all but one of the core measures. The failing score was the improper payment rate, which was .06 percent over the benchmark of 10%. Idaho continues to make improvement in this area and is committed to achieving a reasonable solution.

Idaho continues to make progress on Data Validation and expects to have all populations submitted and passing by the end of this Alternate Year plan.

The BAM population variances have undergone significant work in the 1st quarter of 2018 and all variances are in tolerance. The discrepancy in the case pulls was a result of pulled cases being determined invalid. Human error caused the miscount and adjustments were made to prevent future occurrences. All BAM issues are resolved and continuous monitoring is in place to ensure they do not resurface.

Idaho has met or exceeded all USDOL GPRA goals.

Idaho has used Supplemental Budget Requests to enhance IT security and to carry out many of the integrity efforts with respect to identity theft, fictitious employer schemes, UCFE wage cross matching, and identifying invalid work searches. Idaho will continue to actively participate in the SBR process when funding is available.

3. Due to the inclusive organizational structure of the Idaho Department of Labor, coordination within the department with other plans is a common practice. The department's Workforce Development Division administers the Employment Services and WIOA. UI Adjudication and Claims Processing has been consolidated with UI Compliance into one UI division. This change has allowed closer coordination between the RESEA and WIOA as field management staff is no longer required to oversee UI Functions. These changes continue to enhance Idaho's ability to meet the employment needs of the employer community. In addition, claimants are directed during the claims process to utilize the IDOL reemployment services offered in our 11 field offices located statewide.

The Idaho Department of Labor is the administrative entity for unemployment insurance, employment security and Labor Market Information and is also the WIOA Adult, Dislocated Worker and Youth service provider in each of the 11 One-Stop centers. Collaboration and connectivity is inherent and will ensure claimant access to the full array of services. Career center staff have the skills to provide a comprehensive One-Stop service orientation and assessment and are able to provide claimants with the information, tools and technology to build quality work search and career development plans

Idaho has exceeded the performance measure of 72% for Facilitating Reemployment

with a score of 84.6%.

B. Federal Emphasis (GPRA)

1. Idaho has met all GPRA measures
 - a. First Pay Promptness – 97.28%
 - b. Detect Benefit Overpayments – 64.00%
 - c. Establish Tax Accounts Promptly – 91.50%
2. Idaho will continue to provide adequate administration to achieve the GPRA goals and targets in FY2019-2020.

C. Program Review Deficiencies

- a. Idaho did have two program reviews during the prior period and in each review, minor discrepancies were identified. The discrepancies were found in two previously submitted UIDV populations and additional errors were found in a quadrennial onsite TPS review. The UIDV populations have already been corrected and resubmitted and steps have been taken to correct the TPS failure(s).
- b. Idaho will continue to participate in the reviews when requested.

D. Program Deficiencies –

Tax Quality Part A and B- There were four quality issues discovered in the last TPS audit. All four have been addressed and are being corrected. Detail regarding New Status, Collections, and Report Delinquency have been addressed and Corrective Action Plans are in place to address these issues.

E. Reporting Deficiencies -

The ar207 report was late - Idaho was one day late in submitting the ar207 report for the 1st quarter of 2017. Idaho takes reporting seriously and we will strive to ensure timely submission of all reports.

F. Customer Service Surveys (optional)

The department has not completed formal customer service surveys this past performance year.

G. Other

The Idaho Unemployment Insurance Division has significantly streamlined initial claims processing as well as increasing the use of technology to enhance integrity efforts.

Idaho was one of the pilot states in the Suspicious Actor Repository project (SAR) and as of April of 2017, matches 100% of all new and continued claims against the SAR database.

Idaho participated as one of the pilot states in the UI Self-Assessment project and now that that project is complete, Idaho has completed the self-assessment and is now working on year two.

Idaho **has** sent staff to training sponsored by NASWA's National Integrity Academy. Idaho also participates in Integrity Center projects.

Idaho has no requests for technical assistance at this time.

H. Assurances:

The Idaho Department of Labor certifies we will comply with the assurances listed below:

- a. Assurance of Equal Opportunity (EO).
- b. Assurance of Administrative Requirements and Allowable Cost Standards.
- c. Assurance of Management Systems, Reporting, and Recordkeeping.
- d. Assurance of Program Quality.
- e. Assurance on Use of Unobligated Funds.
- f. Assurance of Prohibition of Lobbying Costs (29 CFR Part 93).
- g. Drug Free Workplace (29 CFR Part 98).
- h. **Assurance of Contingency Planning:**

Information Technology (IT) Contingency Plan Implemented: In March 2006, the Idaho Department of Labor published a major release of its Disaster Recovery Plan which is the basis for the plan in its current state.

IT Contingency Plan Reviewed/Updated: The plan is reviewed annually, particularly since the State of Idaho requires the Idaho Department of Labor to coordinate its contingency plan efforts with the Idaho Office of Emergency Management. The plan was reviewed and updated in September 2019 and will be reviewed annually again in September 2020.

IT Contingency Plan Tested: The Idaho Department of Labor tested the contingency recovery procedures in August 2019. In addition, a tabletop training exercise was conducted in July, 2018.

The Idaho Department of Labor certifies the state will comply with the assurances listed below:

i. Assurance of Conformity and Compliance.

Idaho Department of Labor assures that it complies in all areas of Conformity and Compliance.

j. Assurance of Automated Information Systems Security.

Idaho Department of Labor assures that it complies in all areas of Automated Information Systems Security.

Risk Assessment Conducted: In October 2016, in concert with the Legislative Services Office, Audits Division, the Idaho Department of Labor conducted an Information Technology Controls/Risk Assessment Review.

System Security Plan Reviewed/Updated: In August 2019, the Department of Treasury, Internal Revenue Service, Department of Safeguards, performed their triennial IRS Publication 1075 audit of the Department during which a review of Risk Assessment and System Security Plan was conducted. The next System Security Plan review is due March of 2020.

k. The Idaho Department of Labor certifies we will comply with the Assurance of Confidentiality.

| Idaho | | | | | |
|---|---|--|------------------------------------|---|---|
| MEASURES/PROGRAMS TO BE ADDRESSED FOR ALTERNATE SQSP 2020 | | | | | |
| | Measures/Programs to be Addressed (Each Measure Below is Hyperlinked to the CAP Worksheet) | Acceptable Level of Performance (ALP) | Corrective Action Plan (CAP) | | Narrative Required (In Word Doc.) |
| | | | N | E | |
| B E N E F I T S | First Payment Promptness | ≥ 87% | | | 97.28% |
| | First Payment Promptness (IntraState 14/21 Days) | ≥ 87% | | | 97.31% |
| | First Payment Promptness (InterState 14/21 Days) | ≥ 70% | | | 96.33% |
| | First Payment Promptness (IntraState 35 Days) | ≥ 93% | | | 99.98% |
| | First Payment Promptness (InterState 35 Days) | ≥ 78% | | | 100.00% |
| | Nonmonetary Determination Timeliness | ≥ 80% | | X | 78.85% |
| | Nonmonetary Determination Quality - Separations | ≥ 75% | | | 90.92% |
| | Nonmonetary Determination Quality - Nonseps | ≥ 75% | | | 89.54% |
| A P P E A L S | Lower Authority Appeals (30 Days) | ≥ 60% | | | 97.86% |
| | Lower Authority Appeals (45 Days) | ≥ 80% | | | 99.72% |
| | Average Age of Pending Lower Authority Appeals | ≤ 30 days | | | 13.5 |
| | Average Age of Pending Higher Authority Appeals | ≤ 40 days | | | 23.9 |
| | Lower Authority Appeals Quality | ≥ 80% | | | 100.00% |
| T A X | New Employer Status Determinations Timelapse | ≥ 70% | | | 91.50% |
| | Tax Quality (Part A) | No more than 3 tax functions failing TPS in a year | | | Pass |
| | Tax Quality (Part B) | The same tax function cannot fail for 3 consecutive years | | X | Failed: Collections |
| | TPS Sample Reviews | Pass | | | Pass |
| | Effective Audit Measure | Pass 4 factors/score ≥ 7 | X | | Failed: Factor 1 Factor 3 |
| I N T E R G R A T I O N | Improper Payments Measure | < 10% | | X | 15.63% |
| | Detection of Overpayments - 3 Year Measure | ≥ 50% & ≤ 95% | | | 64.00% |
| | Overpayment Recovery Measure | ≥ 68% | | | 101% |
| | Data Validation - Benefits (All Submitted & Passing) | All Benefit Pops Submitted & Passing | X | X | Not Submitted: Populations (3, 4) |
| | Data Validation - Tax (All Submitted & Passing) | All Tax Pops Submitted & Passing | | X | Not Submitted: Populations (3, 4) Mod 4 (New, Successor, Inactive, Field Audit) |
| B A M | NDNH BAM Compliance | Pass | | | Pass |
| | BAM Operations Compliant | Pass All M&P | | | Pass |
| O T H E R | Facilitate Reemployment | XX% | | | See UIPL 15-19 page 12 |
| | Incorrect Recording of Issue Detection Date | 95% | | | Pass |
| | Incorrect Recording of Determination Date | 95% | | | Pass |
| | UI Reporting Requirements | Pass | | | Pass |
| G P R A | First Payment Promptness (IntraState 14/21 Days) | 87% | | | 97.31% |
| | Detect Benefit Overpayments | 54.5% | | | 78% |
| | Establish Tax Accounts Promptly | 89% | | | 91.71% |

| Nonmonetary Determination Timeliness | | | | | | | | | | | | |
|---|-------|---|--|-----------------------------------|--|---------------------|---------------------|---------------------|----------------------|---------------------|---------------------|---------------------|
| State: Idaho | | | | | Federal Fiscal Year: 2019-2020 SQSP Corrective Action Plan & Progress Report | | | | | | | |
| Back to Biennial Overview 2019 | | Back to Alternate Overview 2020 | | | Instructions | | | | | | | |
| Performance Measure | ALP | CAP Based on SQSP 2019 Performance Level | CAP Based on SQSP 2020 Performance Level | State's Target/Actual Performance | 12/31/2018 Quarter 1 | 3/31/2019 Quarter 2 | 6/30/2019 Quarter 3 | 9/30/2019 Quarter 4 | 12/31/2019 Quarter 5 | 3/31/2020 Quarter 6 | 6/30/2020 Quarter 7 | 9/30/2020 Quarter 8 |
| Nonmonetary Determination Timeliness | ≥ 80% | 79.96% | 78.85% | Target | ≥ 80% | ≥ 80% | ≥ 80% | ≥ 80% | ≥ 80% | | | |
| | | | | | Actual | 80.6% | 78.9% | 78.7% | 78.9% | 79.1% | | |
| Regional Office Comments in cell below: | | | | | | | | | | | | |
| <p>Corrective Action Plan Summary: The Summary must provide:</p> <p>Alternate Year Plan Updates A. The Reason for the deficiency. The reason for the deficiency correlates to the seasonality of the workload in Idaho. The claims load between November and March more than doubles from what is during April through October. These seasonal</p> <p>Alternate Year Plan Updates B. Provide a description of your "Plan-Do-Check-Act" corrective action plan which will be undertaken to achieve the acceptable level of performance. Examples of major actions and activities; aka, Milestones, include IT requirements, business process analysis, training, implementing process improvements, measuring effectiveness, etc. Please include a description of these actions/activities in each stage of your "Plan-Do-Check-Act" corrective action plan. We are undertaking a process analysis to identify what is not working and how we can improve. We are looking at different methods to complete the work. Process analysis will continue. In addition, we plan to</p> <p>Alternate Year Plan Updates C. If a plan was in place the previous year, an explanation of why the actions contained in that plan were not successful in improving performance; and, an explanation of why the actions now specified will be more successful. We have seen improvement due to newer staff working issues. A learning curve exists with the newer staff, so we are anticipating better production from them this coming year. We did lose three other adjudicators</p> <p>Alternate Year Plan Updates D. A brief description of plans for monitoring and assessing accomplishment of planned actions and for controlling quality after achieving performance goals. Management will continue to monitor performance and evaluate changes in process to see the impact on workload. If modifications are needed, we will make those changes.</p> <p>Alternate Year Plan Updates NOTE: Enter an "X" in the box to the right if the desired improvements will not be accomplished by the end of the current fiscal years (the two consecutive fiscal years for which the plan is in effect). Summarize, below, the major actions remaining to be taken in subsequent fiscal years and include a projected completion date as to when the performance goal will be achieved.</p> | | | | | | | | | | | | |
| Milestones | | | | | | | | | | | | |
| 1. Utilize process management tools and supervisor oversight to monitor performance and trends. | | | | | | | | | | | Completion Date | |
| | | | | | | | | | | | 12/31/2018 | |
| <p>Quarter 1 status report (12/31/2018): Our management team follows timeliness very closely. Adjustments are made to staff workloads to make sure resources are best used to meet timeliness. We have had additional staff take on workloads to assist during high volume periods.</p> <p>Quarter 2 status report (3/31/2019): We continue to look for ways to improve our process. Our management team monitors the workload daily and redistributes workload to staff to make sure work is balanced. We utilize other teams to assist with non</p> <p>Quarter 3 status report (6/30/2019): We have seen operational process improvements, despite fewer resources. We focused on working claim issues from both ends, that is working on both new issues that arose and the oldest issues to meet workload in</p> <p>Quarter 4 status report (9/30/2019): This is an ongoing process, we continue to evaluate the work process and look for improvements. Our supervisors monitor staff performance very closely and the results are published by adjudicator, by month.</p> <p>Quarter 5 status report (12/31/2019): Supervisors monitor performance regularly, and provide a quarterly report to the operations manager on staff performance.</p> <p>Quarter 6 status report (3/31/2020):</p> <p>Quarter 7 status report (6/30/2020):</p> <p>Quarter 8 status report (9/30/2020):</p> | | | | | | | | | | | | |
| 2. Supervisors will continue to work closely with staff who is struggling to meet minimum timeliness requirements | | | | | | | | | | | Completion Date | |
| | | | | | | | | | | | 3/31/2020 | |
| <p>Quarter 1 status report (12/31/2018): Supervisors monitor individual workload and manage individual timeliness. They work one on one with staff to help them identify tools and processes to better manage their workload.</p> <p>Quarter 2 status report (3/31/2019): Our management team reviews individual workload on a weekly basis. When staff is struggling, they work closely with them to improve their timeliness. At times, work is redistributed but in most cases, staff is</p> <p>Quarter 3 status report (6/30/2019): Supervisors continue to work one on one with weaker performers. We have seen improvement from two staff in this area.</p> <p>Quarter 4 status report (9/30/2019): Our supervisors work closely with their team, particularly the lower performing staff on methods for improvement. We reassign cases to see if staff can perform better on non separations vs separations.</p> <p>Quarter 5 status report (12/31/2019): We have seen improvement across the board on our lower performers. We have supplied daily reports to one of our lower performing staff to help him monitor his own performance.</p> <p>Quarter 6 status report (3/31/2020):</p> <p>Quarter 7 status report (6/30/2020):</p> <p>Quarter 8 status report (9/30/2020):</p> | | | | | | | | | | | | |
| 3. Process analysis to determine how best to complete the work, including resource evaluation, process design, and expectations. | | | | | | | | | | | Completion Date | |
| | | | | | | | | | | | 3/31/2020 | |
| <p>Quarter 1 status report (12/31/2018): Not due</p> <p>Quarter 2 status report (3/31/2019): Not due</p> <p>Quarter 3 status report (6/30/2019): Not due</p> <p>Quarter 4 status report (9/30/2019): Process improvement was undertaken over the summer months to analyze how to best "clean" claims before they were sent to adjudicators. This process focused on removing the non adjudication items, like</p> <p>Quarter 5 status report (12/31/2019): This process improvement continued through this quarter. We have staff teams work on coming up with a process on fraud issues where claimants do not certify or have been previously disqualified, freeing us to work</p> <p>Quarter 6 status report (3/31/2020):</p> <p>Quarter 7 status report (6/30/2020):</p> <p>Quarter 8 status report (9/30/2020):</p> | | | | | | | | | | | | |
| 4. Hire one (1) additional staff | | | | | | | | | | | Completion Date | |
| | | | | | | | | | | | 12/31/2019 | |
| <p>Quarter 1 status report (12/31/2018): Not due</p> <p>Quarter 2 status report (3/31/2019): Not due</p> <p>Quarter 3 status report (6/30/2019): Not due</p> <p>Quarter 4 status report (9/30/2019): This is on hold at this time due to budgetary issues.</p> <p>Quarter 5 status report (12/31/2019): We have not hired new staff due to budgetary issues.</p> <p>Quarter 6 status report (3/31/2020):</p> <p>Quarter 7 status report (6/30/2020):</p> <p>Quarter 8 status report (9/30/2020):</p> | | | | | | | | | | | | |

| Tax Quality | | | | | | | | | | | | |
|---|---|--|--|-----------------------------------|--|---------------------|---------------------|---------------------|----------------------|---------------------|---------------------|---------------------|
| State: Idaho | | | | | Federal Fiscal Year: 2019-2020 SQSP Corrective Action Plan & Progress Report | | | | | | | |
| Back to Biennial Overview 2019 | | Back to Alternate Overview 2020 | | | Instructions | | | | | | | |
| Performance Measures | ALP | CAP Based on SQSP 2019 Performance Level | CAP Based on SQSP 2020 Performance Level | State's Target/Actual Performance | 12/31/2018 Quarter 1 | 3/31/2019 Quarter 2 | 6/30/2019 Quarter 3 | 9/30/2019 Quarter 4 | 12/31/2019 Quarter 5 | 3/31/2020 Quarter 6 | 6/30/2020 Quarter 7 | 9/30/2020 Quarter 8 |
| Tax Quality (Part A) | No more than 3 tax functions failing TPS in a year | Status New | Status New | Target | Pass | Pass | N/A | N/A | | | | |
| | | | | Actual | Pass | Pass | N/A | N/A | | | | |
| | | Status Successor | Status Successor | Target | Pass | Pass | N/A | N/A | | | | |
| | | | | Actual | Fail | Fail | N/A | N/A | | | | |
| Tax Quality (Part B) | The same tax function cannot fail for 3 consecutive years | Report Delinquency | Report Delinquency | Target | Pass | Pass | N/A | N/A | | | | |
| | | | | Actual | Pass | Pass | N/A | N/A | | | | |
| | | Collections | Collections | Target | Pass | Pass | N/A | N/A | | | | |
| | | | | Actual | Fail | Fail | N/A | N/A | | | | |
| | | Report Delinquency | Report Delinquency | Target | Pass | Pass | Pass | Pass | | | | |
| | | | | Actual | Pass | Pass | Pass | Pass | | | | |
| | | Collections | Collections | Target | Pass | Pass | Pass | Pass | | | | |
| | | | | Actual | Fail | Fail | Fail | Fail | | | | |
| Regional Office Comments in cell below: | | | | | | | | | | | | |
| The IDOL may discontinue quarterly status reports for all Tax Quality (Part A) measures and for the Tax Quality (Part B), Report Delinquency, measure. | | | | | | | | | | | | |
| Corrective Action Plan Summary: | | | | | | | | | | | | |
| The Summary must provide: | | | | | | | | | | | | |
| Alternate Year Plan Updates | | | | | | | | | | | | |
| A. The Reason for the deficiency. | | | | | | | | | | | | |
| The Collections sample failed due to an IT issue that has been corrected. | | | | | | | | | | | | |
| Alternate Year Plan Updates | | | | | | | | | | | | |
| B. Provide a description of your "Plan-Do-Check-Act" corrective action plan which will be undertaken to achieve the acceptable level of performance. Examples of major actions and activities; aka, Milestones, include IT requirements, business process analysis, training, implementing process improvements, measuring effectiveness, etc. Please include a description of these actions/activities in each stage of your "Plan-Do-Check-Act" corrective action plan. | | | | | | | | | | | | |
| The issue preventing this area from passing has been corrected | | | | | | | | | | | | |
| Alternate Year Plan Updates | | | | | | | | | | | | |
| C. If a plan was in place the previous year, an explanation of why the actions contained in that plan were not successful in improving performance; and, an explanation of why the actions now specified will be more successful. | | | | | | | | | | | | |
| The plan that was in place from the prior year was effective and the issue preventing this area from passing has been corrected. | | | | | | | | | | | | |
| Alternate Year Plan Updates | | | | | | | | | | | | |
| D. A brief description of plans for monitoring and assessing accomplishment of planned actions and for controlling quality after achieving performance goals. | | | | | | | | | | | | |
| Every quarter, IDOL samples collection data to ensure quality standards, while providing additional training opportunities with specific examples should any quarterly sample fail. | | | | | | | | | | | | |
| NOTE: Enter an "X" in the box to the right if the desired improvements will not be accomplished by the end of the current fiscal years (the two consecutive fiscal years for which the plan is in effect). Summarize, below, the major actions remaining to be taken in subsequent fiscal years and include a projected completion date as to when the performance goal will be achieved. | | | | | | | | | | | | |
| (Remaining Major Actions in this cell.) | | | | | | | | | | | | |
| Milestones | | | | | | | | | | | | |
| 1. Staff training will be completed by the end of 2018 | | | | | | | | | | | Completion Date | |
| | | | | | | | | | | | 12/31/2018 | |
| Quarter 1 status report (12/31/2018): | | | | | | | | | | | | |
| Staff training on processes completed | | | | | | | | | | | | |
| Quarter 2 status report (3/31/2019): | | | | | | | | | | | | |
| Staff training on processes completed. | | | | | | | | | | | | |
| Quarter 3 status report (6/30/2019): | | | | | | | | | | | | |
| Staff training has been completed, | | | | | | | | | | | | |
| Quarter 4 status report (9/30/2019): | | | | | | | | | | | | |
| Staff training has been completed, | | | | | | | | | | | | |
| Quarter 5 status report (12/31/2019): | | | | | | | | | | | | |
| Staff training has been completed, | | | | | | | | | | | | |
| Quarter 6 status report (3/31/2020): | | | | | | | | | | | | |
| Quarter 7 status report (6/30/2020): | | | | | | | | | | | | |
| Quarter 8 status report (9/30/2020): | | | | | | | | | | | | |
| 2. All required policy and procedures changes implemented. | | | | | | | | | | | Completion Date | |
| | | | | | | | | | | | 6/30/2019 | |
| Quarter 1 status report (12/31/2018): | | | | | | | | | | | | |
| Policy and procedure changes still in progress. | | | | | | | | | | | | |
| Quarter 2 status report (3/31/2019): | | | | | | | | | | | | |
| Policy and procedure changes still in progress. | | | | | | | | | | | | |
| Quarter 3 status report (6/30/2019): | | | | | | | | | | | | |
| Policy and procedure changes completed. | | | | | | | | | | | | |
| Quarter 4 status report (9/30/2019): | | | | | | | | | | | | |
| Policy and procedure changes completed. | | | | | | | | | | | | |
| Quarter 5 status report (12/31/2019): | | | | | | | | | | | | |
| Policy and procedure changes completed. | | | | | | | | | | | | |
| Quarter 6 status report (3/31/2020): | | | | | | | | | | | | |
| Quarter 7 status report (6/30/2020): | | | | | | | | | | | | |
| Quarter 8 status report (9/30/2020): | | | | | | | | | | | | |
| 3. Review results from next TPS sample | | | | | | | | | | | Completion Date | |
| | | | | | | | | | | | 12/31/2019 | |
| Quarter 1 status report (12/31/2018): | | | | | | | | | | | | |
| Not due | | | | | | | | | | | | |
| Quarter 2 status report (3/31/2019): | | | | | | | | | | | | |
| Not due | | | | | | | | | | | | |
| Quarter 3 status report (6/30/2019): | | | | | | | | | | | | |
| Not due | | | | | | | | | | | | |
| Quarter 4 status report (9/30/2019): | | | | | | | | | | | | |
| Not due | | | | | | | | | | | | |
| Quarter 5 status report (12/31/2019): | | | | | | | | | | | | |
| Not due | | | | | | | | | | | | |
| Quarter 6 status report (3/31/2020): | | | | | | | | | | | | |
| Quarter 7 status report (6/30/2020): | | | | | | | | | | | | |
| Quarter 8 status report (9/30/2020): | | | | | | | | | | | | |

| Effective Audit Measure (EAM) - Score ≥ 7; exceed all 4 factors | | | | | | | | | | | |
|--|-----------|---|-----------------------------------|--|---------------------|---------------------|---------------------|----------------------|---------------------|---------------------|---------------------|
| State: Idaho | | | | Federal Fiscal Year: 2019-2020 SQSP Corrective Action Plan & Progress Report | | | | | | | |
| Back to Biennial Overview 2019 | | Back to Alternate Overview 2020 | | Instructions | | | | | | | |
| Performance Measure | ALP | CAP Based on SQSP 2019 Performance Level | State's Target/Actual Performance | 12/31/2018 Quarter 1 | 3/31/2019 Quarter 2 | 6/30/2019 Quarter 3 | 9/30/2019 Quarter 4 | 12/31/2019 Quarter 5 | 3/31/2020 Quarter 6 | 6/30/2020 Quarter 7 | 9/30/2020 Quarter 8 |
| EAM - Factor 1 (Contributory Employers Audited) | Score ≥ 1 | 0.4 | Target | > 1.0 | > 1.0 | > 1.0 | > 1.0 | > 1.0 | > 1.0 | > 1.0 | > 1.0 |
| | | | Actual | 0.4 | 0.4 | 0.6 | 0.9 | 1.0 | | | |
| EAM - Factor 3 (Total Wages Audited) | Score ≥ 1 | 0.4 | Target | > 1.0 | > 1.0 | > 1.0 | > 1.0 | > 1.0 | > 1.0 | > 1.0 | > 1.0 |
| | | | Actual | 0.4 | 0.4 | 0.6 | 0.8 | 1.0 | | | |
| Regional Office Comments in cell below: | | | | | | | | | | | |
| The IDOL must enter a CAP on the above two measures and begin quarterly status reporting for quarter ending 12/31/2019, Quarter 5. Please enter the "Corrective Action Plan Summary" information in the "Alternate Year Plan Updates" rows. | | | | | | | | | | | |
| Corrective Action Plan Summary: | | | | | | | | | | | |
| The Summary must provide: | | | | | | | | | | | |
| Alternate Year Plan Updates | | | | | | | | | | | |
| A. The Reason for the deficiency. | | | | | | | | | | | |
| The deficiency in the total number of contributory employers and the total wages audited is due to personnel changes due to retirements and promotions. | | | | | | | | | | | |
| B. Provide a description of your "Plan-Do-Check-Act" corrective action plan which will be undertaken to achieve the acceptable level of performance. Examples of major actions and activities; aka, Milestones, include IT requirements, business process analysis, training, implementing process improvements, measuring effectiveness, etc. Please include a description of these actions/activities in each stage of your "Plan-Do-Check-Act" corrective action plan. | | | | | | | | | | | |
| <p>"Plan: Hire replacement staff to backfill positions vacated by the retirements and promotions. Idaho currently has 15 auditors, 7 of which have been hired since 7-17-17 (2 in 2017, 2 in 2018, 3 in 2019). All vacancies have been filled. The last position filled has a start date of 9-23-19. There are no plans to add additional positions and there are no known departures expected. No milestones are in effect for this stage as no new auditors will be hired. This stage is complete and audit quotas are established to meet the EAM.</p> <p>Do: Provide adequate and thorough training to allow the new auditors to perform at an acceptable level and carry a full workload. New hires have historically come from outside the agency and do not have experience with the UI Tax program. Each module is approx. 3 months in length. Auditor's progress is monitored and evaluations given at the 6 month, 12 month, and 24 month employment terms. If the</p> | | | | | | | | | | | |
| C. If a plan was in place the previous year, an explanation of why the actions contained in that plan were not successful in improving performance; and, an explanation of why the actions now specified will be more successful. | | | | | | | | | | | |
| Idaho has passed the Effective Audit Measures/Desired Levels of Achievement on an annual basis in prior years. The personnel changes, as well as funding for backfilling positions, was taken into consideration when developing the training plan that is currently in place. The decision was made to provide adequate and thorough training for new staff during calendar year 2018, which would provide more efficient and productive auditors for future years. The goal is to have sufficiently trained staff to meet the EAM in 2019 and beyond. | | | | | | | | | | | |
| D. A brief description of plans for monitoring and assessing accomplishment of planned actions and for controlling quality after achieving performance goals. | | | | | | | | | | | |
| The training program Idaho has implemented includes regular workload monitoring by supervisors, as well as trainers, to ensure TPS standards are met. The program has proven successful as the first 3 auditors | | | | | | | | | | | |
| NOTE: Enter an "X" in the box to the right if the desired improvements will not be accomplished by the end of the current fiscal years (the two consecutive fiscal years for which the plan is in effect). Summarize, below, the major actions remaining to be taken in subsequent fiscal years and include a projected completion date as to when the performance goal will be achieved. (Remaining Major Actions in this cell.) | | | | | | | | | | | |
| Milestones | | | | | | | | | | | Completion Date |
| 1. The training cycle continues for the newer auditors. | | | | | | | | | | | 12/31/2019 |
| Quarter 1 status report (12/31/2018): Not due Quarter 2 status report (3/31/2019): Not due Quarter 3 status report (6/30/2019): Not due Quarter 4 status report (9/30/2019): Training in progress Quarter 5 status report (12/31/2019): Training in progress Quarter 6 status report (3/31/2020): Quarter 7 status report (6/30/2020): Quarter 8 status report (9/30/2020): | | | | | | | | | | | |
| Effective Audit Measure attainment for CY 2019 | | | | | | | | | | | Completion Date |
| Quarter 1 status report (12/31/2018): Not due Quarter 2 status report (3/31/2019): Not due Quarter 3 status report (6/30/2019): Not due Quarter 4 status report (9/30/2019): Idaho is in position to meet all effective audit measures and we are continuing to complete audits Quarter 5 status report (12/31/2019): EAM for calendar year 2019 met Quarter 6 status report (3/31/2020): Quarter 7 status report (6/30/2020): Quarter 8 status report (9/30/2020): | | | | | | | | | | | 12/31/2019 |
| 3. Audit quotas, by auditor, that meet the EAM established for CY 2020 | | | | | | | | | | | Completion Date |
| Quarter 1 status report (12/31/2018): Not due Quarter 2 status report (3/31/2019): Not due Quarter 3 status report (6/30/2019): Not due Quarter 4 status report (9/30/2019): Calendar year 2020 EAM requirements being analyzed Quarter 5 status report (12/31/2019): Calendar year 2020 audit quotas assigned to auditors Quarter 6 status report (3/31/2020): Quarter 7 status report (6/30/2020): Quarter 8 status report (9/30/2020): | | | | | | | | | | | |

| Improper Payments Measure | | | | | | | | | | | | |
|---|-------|---|--|-----------------------------------|--|---------------------|---------------------|---------------------|----------------------|---------------------|---------------------|---------------------|
| State: Idaho | | | | | Federal Fiscal Year: 2019-2020 SQSP Corrective Action Plan & Progress Report | | | | | | | |
| Back to Biennial Overview 2019 | | Back to Alternate Overview 2020 | | | Instructions | | | | | | | |
| Performance Measure | ALP | CAP Based on SQSP 2019 Performance Level | CAP Based on SQSP 2020 Performance Level | State's Target/Actual Performance | 12/31/2018 Quarter 1 | 3/31/2019 Quarter 2 | 6/30/2019 Quarter 3 | 9/30/2019 Quarter 4 | 12/31/2019 Quarter 5 | 3/31/2020 Quarter 6 | 6/30/2020 Quarter 7 | 9/30/2020 Quarter 8 |
| Improper Payments Measure | < 10% | 10.06% | 15.63% | Target | <10% | <10% | < 10% | < 10% | | | | |
| | | | | Actual | 17.21% | 15.63% | 11.31% | Not Published | | | | |
| Regional Office Comments in cell below: | | | | | | | | | | | | |
| The IDOL performance has continued to worsen since the beginning of this CAP. Please reassess this CAP and revise accordingly to improve performance. Additional milestones may be necessary. | | | | | | | | | | | | |
| Corrective Action Plan Summary: | | | | | | | | | | | | |
| The Summary must provide: | | | | | | | | | | | | |
| Alternate Year Plan Updates | | | | | | | | | | | | |
| A. The Reason for the deficiency. | | | | | | | | | | | | |
| A review of the BAM statistics shows these errors are caused mostly when a claimant either lists employer contacts they did not contact, or when a claimant misreports their earnings. | | | | | | | | | | | | |
| Alternate Year Plan Updates - A review of the BAM statistics shows the reasons for the improper payment rate remain the same. The errors are caused by the claimant when they list a work seeking contact for an | | | | | | | | | | | | |
| B. Provide a description of your "Plan-Do-Check-Act" corrective action plan which will be undertaken to achieve the acceptable level of performance. Examples of major actions and activities; aka, Milestones, include IT requirements, business process analysis, training, implementing process improvements, measuring effectiveness, etc. Please include a description of these actions/activities in each stage of your "Plan-Do-Check-Act" corrective action plan. | | | | | | | | | | | | |
| IDOL's focus group continues to analyze each of the root causes listed in the IAP. Those areas are work search, benefit year earnings, and able and available. Recommendations from the focus group will be implemented if feasible and available resources permit. Items we plan to implement over the next year include a flyer to claimants detailing what a valid work search contact is, and an enhancement to our existing system that would allow a claimant to add earnings from more than one employer during the continued claims filing process. | | | | | | | | | | | | |
| Alternate Year Plan Updates - IDOL's focus group continues to analyze each of the root causes listed in the IAP and a workgroup has been formed to implement some of the ideas NASWA recommended during their | | | | | | | | | | | | |
| C. If a plan was in place the previous year, an explanation of why the actions contained in that plan were not successful in improving performance; and, an explanation of why the actions now specified will be more successful. | | | | | | | | | | | | |
| IDOL has made and continues to make improvements to claimant messaging and other processes. The changes are intended to reduce the improper payment rate even lower. I would like to point out 96.86% of the improper payment rate is attributable to the claimant (84.71%), or the claimant and employer (12.15%). | | | | | | | | | | | | |
| Alternate Year Plan Updates - many ideas have been discussed and a work group has been formed to determine how to implement acceptable work search activities. The recommendations from USDOL, specifically | | | | | | | | | | | | |
| D. A brief description of plans for monitoring and assessing accomplishment of planned actions and for controlling quality after achieving performance goals. | | | | | | | | | | | | |
| IDOL's Management Staff continues to monitor the improper payment rate and work closely with Benefits Staff and the Focus Group and work groups to determine the effectiveness of the changes. We met with a | | | | | | | | | | | | |
| NOTE: Enter an "X" in the box to the right if the desired improvements will not be accomplished by the end of the current fiscal years (the two consecutive fiscal years for which the plan is in effect). | | | | | | | | | | | | |
| Summarize, below, the major actions remaining to be taken in subsequent fiscal years and include a projected completion date as to when the performance goal will be achieved. | | | | | | | | | | | | |
| (Remaining Major Actions in this cell.) | | | | | | | | | | | | |
| Milestones | | | | | | | | | | | | |
| 1. Focus Group Formed and will continue to meet regularly through the duration of this plan. | | | | | | | | | | | Completion Date | |
| | | | | | | | | | | | 12/31/2019 | |
| Quarter 1 status report (12/31/2018): | | | | | | | | | | | | |
| Focus Group formed and meeting monthly | | | | | | | | | | | | |
| Quarter 2 status report (3/31/2019): | | | | | | | | | | | | |
| Focus Group formed and meeting monthly | | | | | | | | | | | | |
| Quarter 3 status report (6/30/2019): | | | | | | | | | | | | |
| Focus Group formed and meeting monthly | | | | | | | | | | | | |
| Quarter 4 status report (9/30/2019): | | | | | | | | | | | | |
| Focus Group formed and meeting monthly | | | | | | | | | | | | |
| Quarter 5 status report (12/31/2019): | | | | | | | | | | | | |
| Focus Group formed and meeting regularly. | | | | | | | | | | | | |
| Quarter 6 status report (3/31/2020): | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| Quarter 7 status report (6/30/2020): | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| Quarter 8 status report (9/30/2020): | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| 2. Management Review of Focus Group Recommendations | | | | | | | | | | | Completion Date | |
| | | | | | | | | | | | 12/31/2019 | |
| Quarter 1 status report (12/31/2018): | | | | | | | | | | | | |
| Initial recommendations reviewed and being considered. Solicited ideas from NASWA, onsite visit scheduled for February 2019. | | | | | | | | | | | | |
| Quarter 2 status report (3/31/2019): | | | | | | | | | | | | |
| Onsite visit from NASWA completed, make ideas considere with some being implemented. | | | | | | | | | | | | |
| Quarter 3 status report (6/30/2019): | | | | | | | | | | | | |
| Management continues to review recommendations and implement when feasible. | | | | | | | | | | | | |
| Quarter 4 status report (9/30/2019): | | | | | | | | | | | | |
| Management continues to review recommendations and implement when feasible. | | | | | | | | | | | | |
| Quarter 5 status report (12/31/2019): | | | | | | | | | | | | |
| Management continues to review recommendations and implement when feasible. | | | | | | | | | | | | |
| Quarter 6 status report (3/31/2020): | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| Quarter 7 status report (6/30/2020): | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| Quarter 8 status report (9/30/2020): | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| 3. Outreach to UI Staff - BYE Issue/Guidance | | | | | | | | | | | Completion Date | |
| | | | | | | | | | | | 3/31/2019 | |
| Quarter 1 status report (12/31/2018): | | | | | | | | | | | | |
| Message to staff being developed | | | | | | | | | | | | |
| Quarter 2 status report (3/31/2019): | | | | | | | | | | | | |
| Outreach completed - other ideas from NASWA visit being considered. | | | | | | | | | | | | |
| Quarter 3 status report (6/30/2019): | | | | | | | | | | | | |
| Outreach completed - other ideas from NASWA visit being considered. | | | | | | | | | | | | |
| Quarter 4 status report (9/30/2019): | | | | | | | | | | | | |
| Outreach completed - other ideas from NASWA and USDOL visit being considered. | | | | | | | | | | | | |
| Quarter 5 status report (12/31/2019): | | | | | | | | | | | | |
| Completed | | | | | | | | | | | | |

| | |
|---|--------------------------------------|
| 4. Outreach to UI & Workforce Staff - Work Search Issue | Completion Date 12/31/2019 |
| Quarter 1 status report (12/31/2018): Message to UI and workforce staff being developed | |
| Quarter 2 status report (3/31/2019): Meetings with workforce, primarily focusing on RESEA | |
| Quarter 3 status report (6/30/2019): It was reinforced to the RESEA staff on what a valid work search is. This flyer is used by the RESEA staff when going over the work search requirements. | |
| Quarter 4 status report (9/30/2019): Outreach to UI & Workforce staff continues | |
| Quarter 5 status report (12/31/2019): RESEA audits are routinely done on Workforce staff RESEA interviews to alert them of errors in work searches. We have also educated our UI and workforce staff on an adequate work search, see milestone 7. | |
| Quarter 6 status report (3/31/2020): | |
| Quarter 7 status report (6/30/2020): | |
| Quarter 8 status report (9/30/2020): | |
| 5. "What is a Valid Work Search Contact" flyer created/mailed to new claimants - changed concept to script for claims staff to use when speaking with claimant. | Completion Date 12/31/2019 |
| Quarter 1 status report (12/31/2018): Review of existing messages | |
| Quarter 2 status report (3/31/2019): New message being considered | |
| Quarter 3 status report (6/30/2019): This flyer is no longer being considered, other communication methods are being explored. Work started on work search script for claims staff. | |
| Quarter 4 status report (9/30/2019): Work continues on worksearch script to claims staff. | |
| Quarter 5 status report (12/31/2019): This was completed and distributed to staff on 12/5/2019. The script discusses what is an adequate and inadequate work search. | |
| Quarter 6 status report (3/31/2020): | |
| Quarter 7 status report (6/30/2020): | |
| Quarter 8 status report (9/30/2020): | |
| 6. Modify Claimant Portal to accept wages from more than one employer | Completion Date 6/30/2019 |
| Quarter 1 status report (12/31/2018): The system now allows the claimant to enter more than one employer but additional work is needed. | |
| Quarter 2 status report (3/31/2019): Completed | |
| Quarter 3 status report (6/30/2019): Completed - since the modification to the portal, although still high, the BYE error has decreased slightly. | |
| Quarter 4 status report (9/30/2019): Completed | |
| Quarter 5 status report (12/31/2019): Completed | |
| Quarter 6 status report (3/31/2020): | |
| Quarter 7 status report (6/30/2020): | |
| Quarter 8 status report (9/30/2020): | |
| 7. Reevaluating what an effective work search is, that is, allowing other types of job search other than just reaching out to an employer. | Completion Date 12/31/2019 |
| Quarter 1 status report (12/31/2018): Focus group met and started analyzing BAM error issues | |
| Quarter 2 status report (3/31/2019): Focus group formed working group to begin reviewing acceptable work search activities to present to management | |
| Quarter 3 status report (6/30/2019): Focus group continuing to meet, work group still meeting to develop plan for accepting 'allowable' work search activities. Plan to be presented to management in September 2019 | |
| Quarter 4 status report (9/30/2019): The work from the focus group has been submitted to management for review. | |
| Quarter 5 status report (12/31/2019): This was implemented this quarter. We are allowing other types of work search activities including an adequate work search, things like networking, meeting with workforce staff, utilizing Department or placement | |
| Quarter 6 status report (3/31/2020): | |
| Quarter 7 status report (6/30/2020): | |
| Quarter 8 status report (9/30/2020): | |
| 8. Alternate year plan addition - recommendation from US DOL - re-review all work search errors from 1/1/2018 through 9/20/2019, reopen and adjust if necessary | Completion Date 12/31/2019 |
| Quarter 1 status report (12/31/2018): Alternate year plan addition, new concept as of 9/20/2019. If approved by National Office corrections will be made. | |
| Quarter 2 status report (3/31/2019): Alternate year plan addition, new concept as of 9/20/2019. If approved by National Office corrections will be made. | |
| Quarter 3 status report (6/30/2019): Alternate year plan addition, new concept as of 9/20/2019. If approved by National Office corrections will be made. Will be complete by 10/15/2019 | |
| Quarter 4 status report (9/30/2019): USDOL NO has rejected this request | |
| Quarter 5 status report (12/31/2019): USDOL NO has rejected this request. | |
| Quarter 6 status report (3/31/2020): | |
| Quarter 7 status report (6/30/2020): | |
| Quarter 8 status report (9/30/2020): | |
| 9. Add calculator to Claimant Portal - the calculator will help claimants compute earning accurately | Completion Date 6/30/2020 |
| Quarter 1 status report (12/31/2018): This milestone was not a consideration until January 2019 after NASWA visit. | |
| Quarter 2 status report (3/31/2019): The addition of a calculator is a NASWA recommendation from an onsite intensive services visit, this idea is being considered. | |
| Quarter 3 status report (6/30/2019): The calculator is still being considered, and based on recommendations from NASWA and USDOL will be incorporated into the Claimant Portal. | |
| Quarter 4 status report (9/30/2019): A calculator, based on recommendations from NASWA and USDOL, will be developed. This project is currently in the IT backlog. | |
| Quarter 5 status report (12/31/2019): A calculator, based on recommendations from NASWA and USDOL, will be developed. This project is currently in the IT backlog. | |
| Quarter 6 status report (3/31/2020): | |

| Benefits Data Validation | | | | | | | | | | | | |
|---|---------------------|---|--|-----------------------------------|--|---------------------|---------------------|---------------------|----------------------|---------------------|---------------------|---------------------|
| State: Idaho | | | | | Federal Fiscal Year: 2019-2020 SQSP Corrective Action Plan & Progress Report | | | | | | | |
| Back to Biennial Overview 2019 | | Back to Alternate Overview 2020 | | | Instructions | | | | | | | |
| Performance Measure | ALP | CAP Based on SQSP 2019 Performance Level | CAP Based on SQSP 2020 Performance Level | State's Target/Actual Performance | 12/31/2018 Quarter 1 | 3/31/2019 Quarter 2 | 6/30/2019 Quarter 3 | 9/30/2019 Quarter 4 | 12/31/2019 Quarter 5 | 3/31/2020 Quarter 6 | 6/30/2020 Quarter 7 | 9/30/2020 Quarter 8 |
| Data Validation Benefits - All Submitted and Passing | Submitted & Passing | Population 3 Not Submitted | Population 3 Not Submitted | Target | Pass | Pass | Pass | Pass | Pass | | | |
| | | Population 4 Not Submitted | Population 4 Not Submitted | Actual | Fail | Fail | Fail | Pass | Pass | | | |
| | | Population 5 Failed | Population 5 Failed | Target | In Work | Pass | Pass | Pass | Pass | | | |
| | | Population 13 Failed | Population 13 Failed | Actual | Fail | Fail | Fail | Fail | Fail | | | |
| | | Population 14 Failed | Population 14 Failed | Target | Pass | Pass | Pass | Pass | Pass | | | |
| | | Mod 4 Nonseps Failed | Mod 4 Nonseps Failed | Actual | Pass | Pass | Pass | Pass | Pass | | | |
| | | Population 5 Failed | Population 5 Failed | Actual | Pass | Pass | Pass | Pass | Pass | | | |
| | | Population 13 Failed | Population 13 Failed | Actual | Pass | Pass | Pass | Pass | Pass | | | |
| Regional Office Comments in cell below: | | | | | | | | | | | | |
| The IDOL may discontinue quarterly status reports for DV Benefits Populations 5, 13, 14 and Mod 4, Nonseps, measures. New Milestones may be necessary. | | | | | | | | | | | | |
| Corrective Action Plan Summary: | | | | | | | | | | | | |
| The Summary must provide: | | | | | | | | | | | | |
| <p>Alternate Year Plan Updates</p> <p>A. The Reason for the deficiency.</p> <p>Restrictions on IT time are the primary reason these populations are not yet complete. Benefits Population 3 is currently in development with all subpopulations passing. Benefits Population 4 is scheduled for development once</p> <p>Alternate Year Plan Updates</p> <p>B. Provide a description of your "Plan-Do-Check-Act" corrective action plan which will be undertaken to achieve the acceptable level of performance. Examples of major actions and activities; aka, Milestones, include IT requirements, business process analysis, training, implementing process improvements, measuring effectiveness, etc. Please include a description of these actions/activities in each stage of your "Plan-Do-Check-Act" corrective action plan.</p> <p>All unfinished data validation populations are a priority and are in the current IT backlog. Benefits Population 3 is currently in development with all subpopulations passing but work continues on the integration of the</p> <p>Alternate Year Plan Updates</p> <p>C. If a plan was in place the previous year, an explanation of why the actions contained in that plan were not successful in improving performance; and, an explanation of why the actions now specified will be more successful.</p> <p>The previous year's plan was implemented successfully and we have made good progress but due to limited IT resources and competing priorities, we have not made as much progress as planned. IT time remains our greatest</p> <p>Alternate Year Plan Updates</p> <p>D. A brief description of plans for monitoring and assessing accomplishment of planned actions and for controlling quality after achieving performance goals.</p> <p>IDOL manages IT projects using the agile method which call for a two-week 'sprint planning cycle.' The unfinished UIDV projects are in the IT backlog and we work with IT to prioritize, schedule, and monitor the UIDV, and other,</p> <p>Alternate Year Plan Updates</p> <p>NOTE: Enter an "X" in the box to the right if the desired improvements will not be accomplished by the end of the current fiscal years (the two consecutive fiscal years for which the plan is in effect). Summarize, below, the major actions remaining to be taken in subsequent fiscal years and include a projected completion date as to when the performance goal will be achieved.</p> <p>(Remaining Major Actions in this cell.)</p> | | | | | | | | | | | | |
| Milestones | | | | | | | | | | | | |
| 1. Extract for population 3 complete and submitted. | | | | | | | | | | Completion Date | | 12/31/2019 |
| <p>Quarter 1 status report (12/31/2018):</p> <p>Extract for Population 3 – In process, not yet completed.</p> <p>Quarter 2 status report (3/31/2019):</p> <p>Extract for Population 3 – In process, not yet completed.</p> <p>Quarter 3 status report (6/30/2019):</p> <p>Extract for Population 3 – In process, not yet completed. But good progress has been made.</p> <p>Quarter 4 status report (9/30/2019):</p> <p>Extract for Population 3 is completed and passing validation.</p> <p>Quarter 5 status report (12/31/2019):</p> <p>Extract for Population 3 is completed and passing validation.</p> <p>Quarter 6 status report (3/31/2020):</p> <p>Quarter 7 status report (6/30/2020):</p> <p>Quarter 8 status report (9/30/2020):</p> | | | | | | | | | | | | |
| 2. Extract for population 5 resubmitted using VY 2019 Quarters | | | | | | | | | | Completion Date | | 12/31/2018 |
| <p>Quarter 1 status report (12/31/2018):</p> <p>Complete - Population 5 completed and passed with VY19 quarters</p> <p>Quarter 2 status report (3/31/2019):</p> <p>Completed</p> <p>Quarter 3 status report (6/30/2019):</p> <p>Completed but not submitted</p> <p>Quarter 4 status report (9/30/2019):</p> <p>Completed</p> <p>Quarter 5 status report (12/31/2019):</p> <p>Completed</p> <p>Quarter 6 status report (3/31/2020):</p> <p>Quarter 7 status report (6/30/2020):</p> <p>Quarter 8 status report (9/30/2020):</p> | | | | | | | | | | | | |
| 3. Extract for population 14 resubmitted using VY 2019 Quarters | | | | | | | | | | Completion Date | | 3/31/2019 |
| <p>Quarter 1 status report (12/31/2018):</p> <p>Population 14 completed and passes for VY 19 for report validation.</p> <p>Quarter 2 status report (3/31/2019):</p> <p>Population 14 completed and passes for VY 19 for report validation.</p> <p>Quarter 3 status report (6/30/2019):</p> <p>Population 14 completed</p> <p>Quarter 4 status report (9/30/2019):</p> <p>Population 14 completed</p> <p>Quarter 5 status report (12/31/2019):</p> <p>Population 14 completed</p> | | | | | | | | | | | | |

| | |
|---|--|
| 4. Module 4 - Non-Septs resubmitted and passing | <div>Completion Date</div> <div>12/31/2018</div> |
| <p>Quarter 1 status report (12/31/2018): Complete - Module 4 – Non-Septs resubmitted with all passing.</p> <p>Quarter 2 status report (3/31/2019): Completed</p> <p>Quarter 3 status report (6/30/2019): Completed</p> <p>Quarter 4 status report (9/30/2019): Completed</p> <p>Quarter 5 status report (12/31/2019): Completed</p> <p>Quarter 6 status report (3/31/2020):</p> <p>Quarter 7 status report (6/30/2020):</p> <p>Quarter 8 status report (9/30/2020):</p> | |
| 5. Extract for population 4 completed and submitted | <div>Completion Date</div> <div>12/31/2019</div> |
| <p>Quarter 1 status report (12/31/2018): Population 4 is not yet passing.</p> <p>Quarter 2 status report (3/31/2019): Population 4 is not yet passing.</p> <p>Quarter 3 status report (6/30/2019): Population 4 is still in the backlog and will comence once population 3 is complete.</p> <p>Quarter 4 status report (9/30/2019): Development for Population 4 is in progress</p> <p>Quarter 5 status report (12/31/2019): Most of population 4 is completed with the exception of 1 sup population. A request is in to USDOL for clairification on data element defination.</p> <p>Quarter 6 status report (3/31/2020):</p> <p>Quarter 7 status report (6/30/2020):</p> <p>Quarter 8 status report (9/30/2020):</p> | |
| 6. Error with population 13 corrected (Additions/Subtractions) | <div>Completion Date</div> <div>3/31/2019</div> |
| <p>Quarter 1 status report (12/31/2018): Error with Population 14 (listed in error as population 13) has been addressed in part. Population 14 completed and passes for VY 19 for report validation. Still resolving issues with DEV and will re-run report validation.</p> <p>Quarter 2 status report (3/31/2019): Complete</p> <p>Quarter 3 status report (6/30/2019): Completed</p> <p>Quarter 4 status report (9/30/2019): Completed</p> <p>Quarter 5 status report (12/31/2019): Completed</p> <p>Quarter 6 status report (3/31/2020):</p> <p>Quarter 7 status report (6/30/2020):</p> <p>Quarter 8 status report (9/30/2020):</p> | |

| Tax Data Validation | | | | | | | | | | | | |
|--|---------------------|--|--|-----------------------------------|--|---------------------|---------------------|---------------------|----------------------|---------------------|---------------------|---------------------|
| State: Idaho | | | | | Federal Fiscal Year: 2019-2020 SQSP Corrective Action Plan & Progress Report | | | | | | | |
| Back to Biennial Overview 2019 | | Back to Alternate Overview 2020 | | | Instructions | | | | | | | |
| Performance Measure | ALP | CAP Based on SQSP 2019 Performance Level | CAP Based on SQSP 2020 Performance Level | State's Target/Actual Performance | 12/31/2018 Quarter 1 | 3/31/2019 Quarter 2 | 6/30/2019 Quarter 3 | 9/30/2019 Quarter 4 | 12/31/2019 Quarter 5 | 3/31/2020 Quarter 6 | 6/30/2020 Quarter 7 | 9/30/2020 Quarter 8 |
| Data Validation Tax - All Submitted and Passing | Submitted & Passing | Population 3 | Population 3 | Target | In Work | Pass | Pass | Pass | Pass | | | |
| | | Not Submitted | Not Submitted | Actual | Fail | Fail | Fail | Fail | Fail | | | |
| | | Population 4 | Population 4 | Target | Pass | Pass | Pass | Pass | Pass | | | |
| | | Not Submitted | Not Submitted | Actual | Fail | Fail | Fail | Fail | Fail | | | |
| | | Mod 4 Status New | Mod 4 Status New | Target | Pass | Pass | Pass | Pass | Pass | | | |
| | | Not Submitted | Not Submitted | Actual | Fail | Fail | Fail | Fail | Fail | | | |
| | | Mod 4 Successor | Mod 4 Successor | Target | Pass | Pass | Pass | Pass | Pass | | | |
| | | Not Submitted | Not Submitted | Actual | Fail | Fail | Fail | Fail | Fail | | | |
| | | Mod 4 Terminate | Mod 4 Terminate | Target | Pass | Pass | Pass | Pass | Pass | | | |
| | | Not Submitted | Not Submitted | Actual | Fail | Fail | Fail | Fail | Fail | | | |
| | | Mod 4 Field Audit | Mod 4 Field Audit | Target | Pass | Pass | Pass | Pass | Pass | | | |
| | | Not Submitted | Not Submitted | Actual | Fail | Fail | Fail | Fail | Fail | | | |
| Regional Office Comments in cell below: | | | | | | | | | | | | |
| Please reassess the effectiveness of this CAP and revise as necessary. | | | | | | | | | | | | |
| Corrective Action Plan Summary: | | | | | | | | | | | | |
| The Summary must provide: | | | | | | | | | | | | |
| Alternate Year Plan Updates | | | | | | | | | | | | |
| A. The Reason for the deficiency. | | | | | | | | | | | | |
| The existing plan is still valid. The extracts for tax populations 3 and 4 have not been created due to continuing work on the remaining Benefits DV populations. Once the Benefits populations are passing, work will commence on what remains for Tax. The issues delaying Tax Module 4 have been identified and work will commence this period. | | | | | | | | | | | | |
| Alternate Year Plan Updates | | | | | | | | | | | | |
| B. Provide a description of your "Plan-Do-Check-Act" corrective action plan which will be undertaken to achieve the acceptable level of performance. Examples of major actions and activities; aka, Milestones, include IT requirements, business process analysis, training, implementing process improvements, measuring effectiveness, etc. Please include a description of these actions/activities in each stage of your "Plan-Do-Check-Act" corrective action plan. | | | | | | | | | | | | |
| IDOL plans to begin work on tax populations 3 and 4 during the 4th quarter of 2019 dependent upon the successful completion of the remaining Benefits populations, which are in development now. The process will be as follows for the two remaining populations. 1.) Verify the accuracy of the Mod 3 steps. 2.) Create extracts based on sub population definition, and 3.) Apply and adjust extract queries to activity snapshots. We expect population 4 to be complete in the 4th quarter of 2019 and Population 3 to be complete in the 1st quarter of 2020. Work on Module 4 will begin immediately and should be complete by the beginning of the 4th quarter 2019. | | | | | | | | | | | | |
| Alternate Year Plan Updates | | | | | | | | | | | | |
| C. If a plan was in place the previous year, an explanation of why the actions contained in that plan were not successful in improving performance; and, an explanation of why the actions now specified will be more successful. | | | | | | | | | | | | |
| During the period covered by the last CAP, IDOL was able to accomplish much of the work required for Data Validation (DV) and we have submitted most of the Benefits and Tax populations. If there is one or two main reason for not having all the DV populations complete, it is the lack of a dedicated IT resource and competing priorities. DV is a major priority, and once Benefits is complete, the emphasis will turn to tax. | | | | | | | | | | | | |
| Alternate Year Plan Updates | | | | | | | | | | | | |
| D. A brief description of plans for monitoring and assessing accomplishment of planned actions and for controlling quality after achieving performance goals. | | | | | | | | | | | | |
| Report Validation will be conducted quarterly so that any changes in our systems that affect validation results are discovered immediately. This should allow for a quick assessment and adjustment so that data validation remains | | | | | | | | | | | | |
| Alternate Year Plan Updates | | | | | | | | | | | | |
| NOTE: Enter an "X" in the box to the right if the desired improvements will not be accomplished by the end of the current fiscal years (the two consecutive fiscal years for which the plan is in effect). Summarize, below, the major actions remaining to be taken in subsequent fiscal years and include a projected completion date as to when the performance goal will be achieved. | | | | | | | | | | | | |
| (Remaining Major Actions in this cell.) | | | | | | | | | | | | |
| Milestones | | | | | | | | | | | | |
| 1. Tax Population 4 | | | | | | | | | | Completion Date | | |
| | | | | | | | | | | 12/31/2018 | | |
| Quarter 1 status report (12/31/2018): | | | | | | | | | | | | |
| The extracts for tax populations 3 and 4 have not been created due to continuing work on the remaining Benefits DV populations. Once the Benefits populations are passing, work will commence on what remains for Tax. | | | | | | | | | | | | |
| Quarter 2 status report (3/31/2019): | | | | | | | | | | | | |
| The extracts for tax populations 3 and 4 have not been created due to continuing work on the remaining Benefits DV populations. Once the Benefits populations are passing, work will commence on what remains for Tax. | | | | | | | | | | | | |
| Quarter 3 status report (6/30/2019): | | | | | | | | | | | | |
| The extracts for tax populations 3 and 4 have not been created due to continuing work on the remaining Benefits DV populations. Once the Benefits populations are passing, work will commence on what remains for Tax. | | | | | | | | | | | | |
| Quarter 4 status report (9/30/2019): | | | | | | | | | | | | |
| The extracts for tax populations 3 and 4 have not been created due to continuing work on the remaining Benefits DV populations. Once the Benefits populations are passing, work will commence on what remains for Tax. | | | | | | | | | | | | |
| Quarter 5 status report (12/31/2019): | | | | | | | | | | | | |
| The extracts for tax populations 3 and 4 have not been created due to continuing work on the remaining Benefits DV populations. Once the Benefits populations are passing, work will commence on what remains for Tax. | | | | | | | | | | | | |
| Quarter 6 status report (3/31/2020): | | | | | | | | | | | | |
| Quarter 7 status report (6/30/2020): | | | | | | | | | | | | |
| Quarter 8 status report (9/30/2020): | | | | | | | | | | | | |
| 2. Tax Population 3 Completed | | | | | | | | | | Completion Date | | |
| | | | | | | | | | | 12/31/2019 | | |
| Quarter 1 status report (12/31/2018): | | | | | | | | | | | | |
| Tax population 3 extracts are in the backlog waiting on the completiopn of the remaining benefits populations. | | | | | | | | | | | | |
| Quarter 2 status report (3/31/2019): | | | | | | | | | | | | |
| Tax population 3 extracts are in the backlog waiting on the completiopn of the remaining benefits populations. | | | | | | | | | | | | |
| Quarter 3 status report (6/30/2019): | | | | | | | | | | | | |
| The extracts for tax populations 3 and 4 have not been created due to continuing work on the remaining Benefits DV populations. Once the Benefits populations are passing, work will commence on what remains for Tax. | | | | | | | | | | | | |
| Quarter 4 status report (9/30/2019): | | | | | | | | | | | | |
| The extracts for tax populations 3 and 4 have not been created due to continuing work on the remaining Benefits DV populations. Once the Benefits populations are passing, work will commence on what remains for Tax. | | | | | | | | | | | | |
| Quarter 5 status report (12/31/2019): | | | | | | | | | | | | |
| The extracts for tax populations 3 and 4 have not been created due to continuing work on the remaining Benefits DV populations. Once the Benefits populations are passing, work will commence on what remains for Tax. | | | | | | | | | | | | |
| Quarter 6 status report (3/31/2020): | | | | | | | | | | | | |
| Quarter 7 status report (6/30/2020): | | | | | | | | | | | | |
| Quarter 8 status report (9/30/2020): | | | | | | | | | | | | |
| 3. Module 4 Completed | | | | | | | | | | Completion Date | | |
| | | | | | | | | | | 12/31/2019 | | |
| Quarter 1 status report (12/31/2018): | | | | | | | | | | | | |
| Module 4 data reviewed | | | | | | | | | | | | |
| Quarter 2 status report (3/31/2019): | | | | | | | | | | | | |
| Module 4 data reviewed, awaiting next sample pull to compare. | | | | | | | | | | | | |
| Quarter 3 status report (6/30/2019): | | | | | | | | | | | | |
| Module 4 data reviewed, randomization method being analyzed and changed, awaiting next sample pull to compare. | | | | | | | | | | | | |
| Quarter 4 status report (9/30/2019): | | | | | | | | | | | | |
| The work on Module 4 is complete, awaiting next sample pull to compare. | | | | | | | | | | | | |
| Quarter 5 status report (12/31/2019): | | | | | | | | | | | | |
| The work on Module 4 is complete, awaiting next sample pull to compare. | | | | | | | | | | | | |
| Quarter 6 status report (3/31/2020): | | | | | | | | | | | | |
| Quarter 7 status report (6/30/2020): | | | | | | | | | | | | |
| Quarter 8 status report (9/30/2020): | | | | | | | | | | | | |

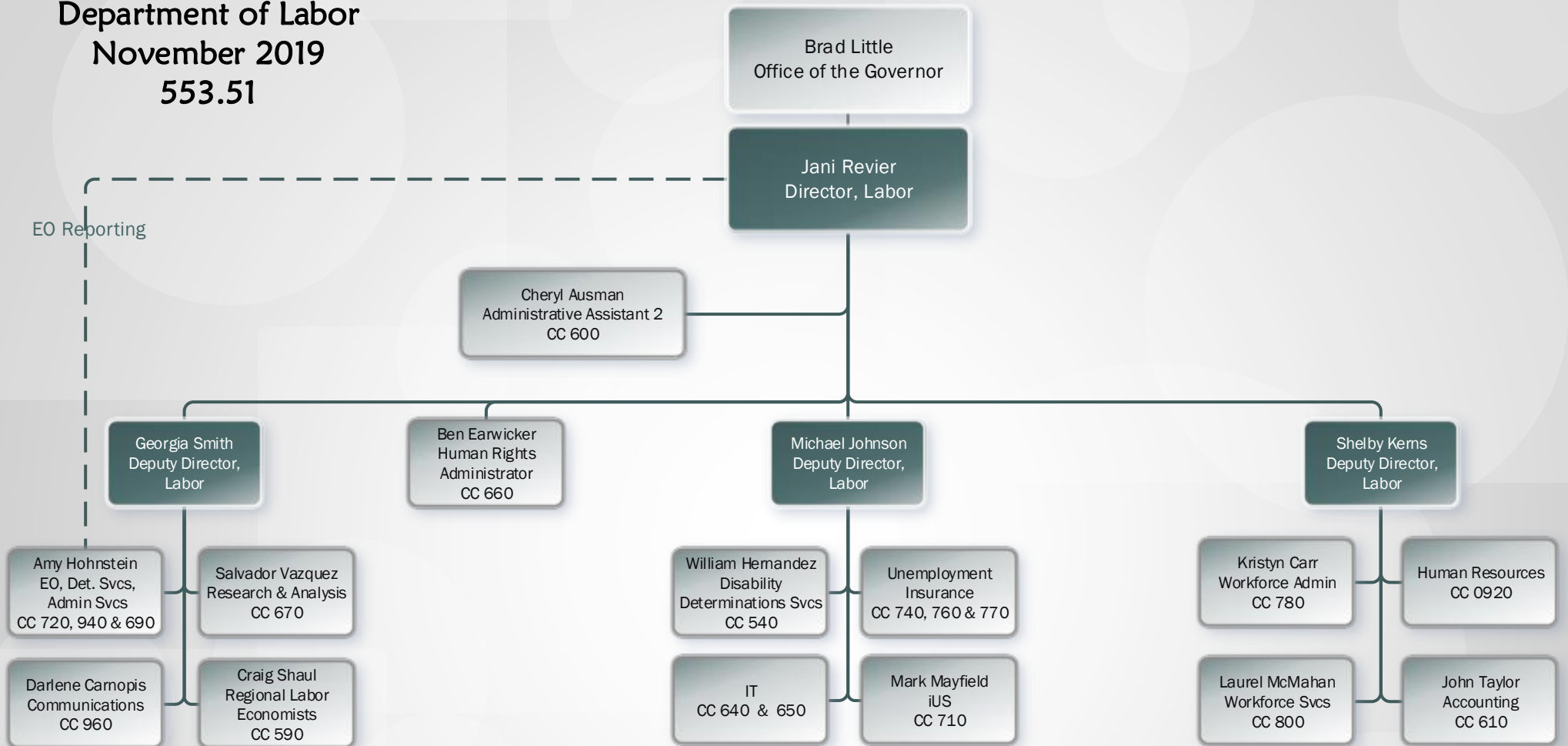
| Benefit Accuracy Measurement (BAM) | | | | | | | | | | | | |
|---|-------|--|--|-----------------------------------|--|---------------------|---------------------|---------------------|----------------------|---------------------|---------------------|---------------------|
| State: Idaho | | | | | Federal Fiscal Year: 2019-2020 SQSP Corrective Action Plan & Progress Report | | | | | | | |
| Back to Biennial Overview 2019 | | Back to Alternate Overview 2020 | | | Instructions | | | | | | | |
| Performance Measures | ALP | CAP Based on SQSP 2019 Performance Level | CAP Based on SQSP 2020 Performance Level | State's Target/Actual Performance | 12/31/2018 Quarter 1 | 3/31/2019 Quarter 2 | 6/30/2019 Quarter 3 | 9/30/2019 Quarter 4 | 12/31/2019 Quarter 5 | 3/31/2020 Quarter 6 | 6/30/2020 Quarter 7 | 9/30/2020 Quarter 8 |
| BAM Operations Compliant - Separation Comparison Reports | ± 15% | -17.02% | 2.41% | Target | <= 15% | <= 15% | <= 15% | | | | | |
| | | | | Actual | -6.65% | 2.41% | 1.95% | | | | | |
| BAM Operations Compliant - Nonseparation Comparison Reports | ± 15% | -28.90% | 6.52% | Target | <= 15% | <= 15% | <= 15% | | | | | |
| | | | | Actual | -11.07% | 6.52% | 2.50% | | | | | |
| BAM Operations Compliant - Monetary Sample Selection | 150 | 147 | 153 | Target | b | ALP(150) | ALP(150) | | | | | |
| | | | | Actual | 154 | 153 | 166 | | | | | |
| Regional Office Comments in cell below: | | | | | | | | | | | | |
| <p>Corrective Action Plan Summary:</p> <p>The Summary must provide:</p> <p>A. The Reason for the deficiency.</p> <p>In August of 2014, Idaho moved off a legacy system to a modernized system. The two systems had different data structures and the staff responsible for reporting had difficulty generating the required reports with the new data layout. This case selection error was caused by staff unfamiliarity with a specific report provided by USDOL used to track case quantity and status. During CY 17, the unit sample exceeded the required number of cases by three but due to a number of the cases being determined invalid (6), it dropped the number of completed case to a three below what was required.</p> <p>B. Provide a description of your "Plan-Do-Check-Act" corrective action plan which will be undertaken to achieve the acceptable level of performance. Examples of major actions and activities; aka, Milestones, include IT requirements, business process analysis, training, implementing process improvements, measuring effectiveness, etc. Please include a description of these actions/activities in each stage of your "Plan-Do-Check-Act" corrective action plan.</p> <p>The queries that generate the BAM populations were modified throughout 2017 to correct the variances that were causing the out of tolerance conditions identified in the BAM comparisons. IDOL believes the comparisons are in tolerance now, but we will not know for sure until the next comparison report comes out. The case selection oversight has been identified and we do not anticipate it to reoccur in the future.</p> <p>C. If a plan was in place the previous year, an explanation of why the actions contained in that plan were not successful in improving performance; and, an explanation of why the actions now specified will be more successful.</p> <p>A plan was in place during the previous year and much work was done to identify the discrepancies and make adjustments. We believe the error is corrected but will only know for sure once subsequent comparison reports are received.</p> <p>D. A brief description of plans for monitoring and assessing accomplishment of planned actions and for controlling quality after achieving performance goals.</p> <p>Regular monitoring of quarterly comparisons of the data based on results provided by USDOL. Additional comparisons will be made against monthly and quarterly reports submitted by IDOL.</p> <p>NOTE: Enter an "X" in the box to the right if the desired improvements will not be accomplished by the end of the current fiscal years (the two consecutive fiscal years for which the plan is in effect). Summarize, below, the major actions remaining to be taken in subsequent fiscal years and include a projected completion date as to when the performance goal will be achieved.</p> <p>(Remaining Major Actions in this cell.)</p> | | | | | | | | | | | | |
| Milestones | | | | | | | | | | | | |
| 1. BAM Deny non-Sep & Sep case count variance within acceptable levels to meet the ALP for each category - in tolerance 1st and 2nd quarter of 2018, will continue to monitor. | | | | | | | | | | | Completion Date | |
| | | | | | | | | | | | 12/31/2018 | |
| <p>Quarter 1 status report (12/31/2018):</p> <p>The population variances have been in tolerance for the 1st, 2nd, and 3rd quarters of 2018. The request was made for the 4th quarter numbers but we were advised they wouldn't be available until after this report was due. The 3rd quarter numbers will be supplied above instead.</p> <p>Quarter 2 status report (3/31/2019):</p> <p>Completed</p> <p>Quarter 3 status report (6/30/2019):</p> <p>Completed</p> <p>Quarter 4 status report (9/30/2019):</p> <p>Quarter 5 status report (12/31/2019):</p> <p>Quarter 6 status report (3/31/2020):</p> <p>Quarter 7 status report (6/30/2020):</p> <p>Quarter 8 status report (9/30/2020):</p> | | | | | | | | | | | | |
| 2. The BAM Supervisor will carefully monitor each week any cases that are invalid and make adjustments to the weekly case selection to compensate to ensure this goal is met. Quarterly, the BAM Supervisor will meet with the Compliance Bureau Chief to review the current case count and make adjustments if necessary. | | | | | | | | | | | Completion Date | |
| | | | | | | | | | | | 12/31/2018 | |
| <p>Quarter 1 status report (12/31/2018):</p> <p>The year end case count for monetary denies exceeds the minimum required, 154 vs. the DLA of 150 for year ending 12/31/2018</p> <p>Quarter 2 status report (3/31/2019):</p> <p>Case counts are at or above the level required.</p> <p>Quarter 3 status report (6/30/2019):</p> <p>Completed</p> <p>Quarter 4 status report (9/30/2019):</p> <p>Quarter 5 status report (12/31/2019):</p> <p>Quarter 6 status report (3/31/2020):</p> <p>Quarter 7 status report (6/30/2020):</p> <p>Quarter 8 status report (9/30/2020):</p> | | | | | | | | | | | | |

| UI Integrity Action Plan (IAP) | | | |
|--|--|--|--|
| Back to Biennial Overview 2019 | | Back to Alternate Overview 2020 | |
| State | Federal Fiscal Year | Accountable Agency Official(s): | |
| Idaho | 2019 | Larry Ingram | |
| | Top Three Root Causes (Calendar Year 2017) https://www.dol.gov/general/maps/data | Calendar Year 2016 (% of \$ Overpaid) | Calendar Year 2017 (% of \$ Overpaid) |
| Root Cause #1: | Work Search | 36.45% | 46.38% |
| Root Cause #2: | Benefit Year Earnings | 23.89% | 26.82% |
| Root Cause #3: | Able+Available | 7.10% | 11.09% |
| State | Federal Fiscal Year | Accountable Agency Official(s): | |
| Idaho | 2020 | (Enter the name and title of the staff person who is accountable for reducing UI improper payments.) | |
| | Top Three Root Causes (Calendar Year 2018) https://www.dol.gov/general/maps/data | Calendar Year 2017 (% of \$ Overpaid) | Calendar Year 2018 (% of \$ Overpaid) |
| Root Cause Alternate Year #1: | Work Search | 46.38% | 60.03% |
| Root Cause Alternate Year #2: | Benefit Year Earnings | 26.82% | 22.48% |
| Root Cause Alternate Year #3: | Able+Available | 7.22% | 7.06% |
| <p>Summary: (Provide a summary of the plan that the state has designed. The summary should include outreach efforts planned by the agency to inform all UI and workforce staff, and employers of the strategic plan to ensure everyone understands the importance of maintaining program integrity.)</p> <p>The Idaho Department of Labor (IDOL) takes program integrity very seriously and constantly seeks to make improvements in all functional areas of UI. The improper payment rate in Idaho, and across the nation, is above the standard of 10% established by IPERA. IDOL has been diligently working at getting the numbers below the ceiling established by the Act. The three areas being addressed by the Integrity Action Plan (IAP) are, work search, benefit year earnings, and able and available. IDOL's plan is to create a focus group to study each of the 'Top Three Root Causes' to find out if there are not thought of solutions that can implemented to reduce the improper payments in each category. If the solutions recommended by the focus groups are viable and resources are available, those recommendations will be put into practice. One of the two additional items that will be acted in the near term is a flyer to all claimants detailing the work search requirements in detail for a valid work search contact. The second is a modification to the claimant portal that will allow the claimant to enter wages from more than one employer.</p> <p>The Improper Payment Rate alternate year plan is similar to the biannual plan. Focus groups will meet regularly to determine what actions are reasonable to take and to determine if prior actions have had measurable impact on the Improper Payment Rate (IPR). IDOL recently added a video to the Claimant Portal that explains the claimants' responsibilities with respect to the work search and benefit year earnings and we are still measuring the impact from this activity. IDOL is still looking at Idaho's rules, policy and procedures to determine if other changes would have an impact on the IPR. We are looking at alternative messaging for claimants that explains the specific requirements for receiving benefits. Currently, a focus groups is exploring the possibility of counting work seeking activities as a work search contact as was recommended during an intensive services visit by NASWA. IDOL is also looking at New Hire procedures as recommended by NASWA and UIPL 13-19 in an effort to reduce the Benefit Year Earnings (BYE) error rate. The third root cause changed from separations to able and available for the alternate year update. A focus group will look into these errors and make recommendation to management.</p> <p>Instructions for the following section: In each individual section below, enter a Root Cause, from above, and the top three focused Strategies that will be employed to correct or reduce this cause of overpayments. An additional line is available in each section to include other significant strategies that target the root cause.</p> | | | |
| Root Cause #1: Work Search | | | |
| Strategies | Actions | Targets & Milestones | Resources |
| 1. Focus Group | Form a focus group to analyze why claimants fail to comply with the work search requirements and develop potential solutions. Make Management will review the recommendations and see if there the solutions are viable. Outreach to UI and Workforce Staff to discuss the work search issue and provide guidance. | 12/31/2018 | UI Staff/BAM Staff |
| 2. Management Review | | 3/31/2019 | UI Management |
| 3. Outreach | | 9/30/2019 | UI Staff/Workforce Staff |
| Additional: Flyer | Create a 'what is a valid work search contact' flyer for claimants that describes what work search activity is acceptable and what is not acceptable. | 9/30/2019 | UI Staff/Communications |
| Root Cause #2: Benefit Year Earnings | | | |
| Strategies | Actions | Targets & Milestones | Resources |
| 1. Focus Group | Form a focus group to determine if there are additional methods to reduce the improper payment rate with respect to benefit year earnings. Make Management will review the recommendations and see if there the solutions are viable. Outreach to UI Staff to discuss the benefit year earnings issue and provide guidance. | 12/31/2018 | UI Staff/BAM Staff |
| 2. Management Review | | 3/31/2019 | UI Management |
| 3. Outreach | | 3/31/2019 | UI Staff |
| Additional: System Modification | Add additional feature in Claimant Portal that allows entry of wages from multiple employers vs. entry from one employer like the existing system | 12/31/2019 | UI and IT Staff - funding may be an issue. |
| Root Cause #3: Able+Available | | | |

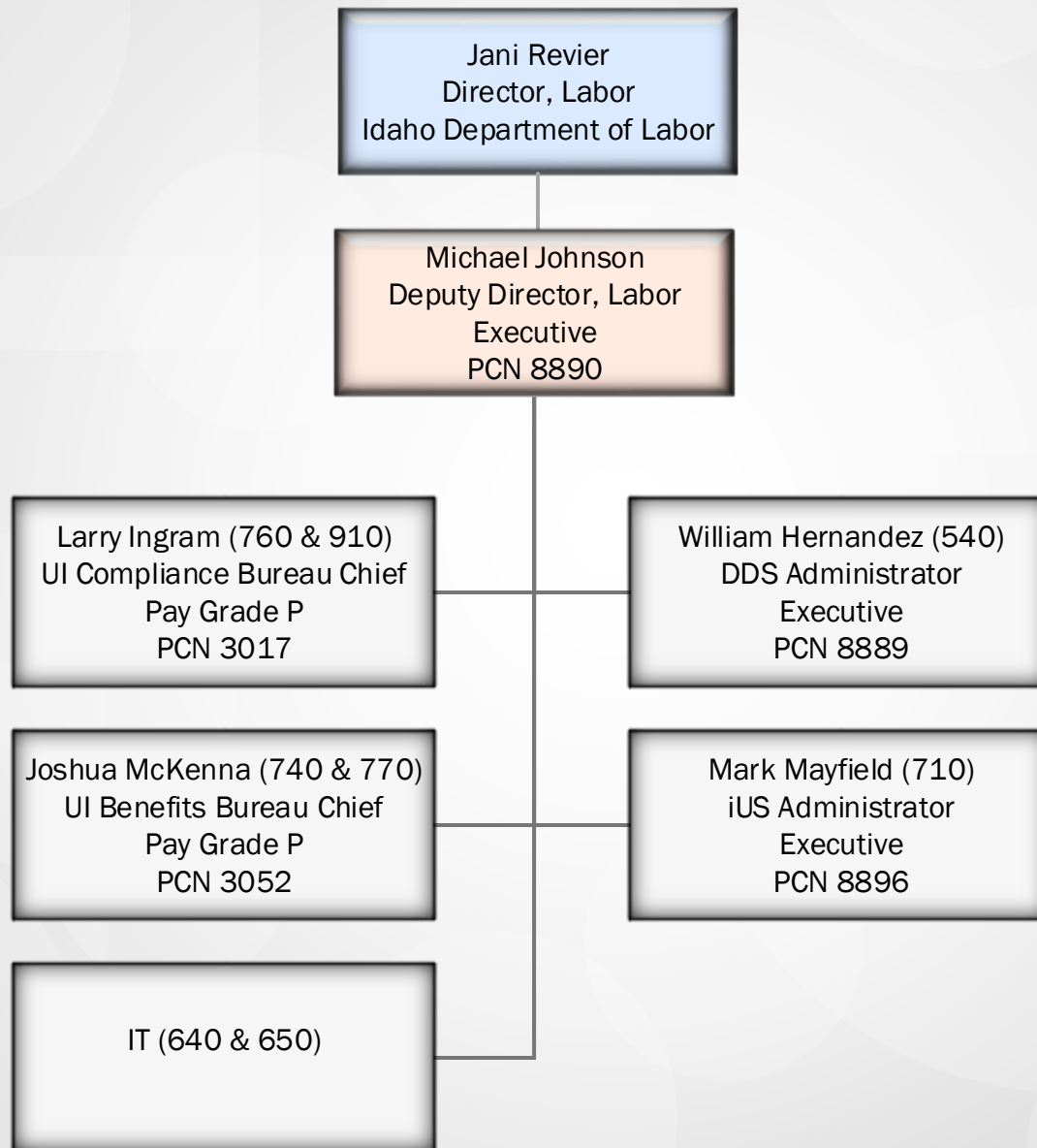
| Strategies | Actions | Targets and Milestones | Resources |
|--|---|---|--|
| 1. Focus Group 2. Management Review 3. Outreach Additional: | Form a focus group to look at the able and available issues that contribute to the improper payment rate to determine if it is claimant or department error. Management will review the recommendations and see if there the solutions are viable. Outreach to UI Staff to discuss the able and available issues and provide guidance. | 12/31/2018 3/31/2019 3/31/2019 | UI Staff/BAM Staff UI Management UI Staff |
| Root Cause Alternate Year #1: Work Search | | | |
| Strategies | Actions | Targets & Milestones | Resources |
| 1. Focus Group 2. Management Review 3. Outreach Additional: | Continue with focus group meeting to determine different approaches lowering the work search error rate. Make recommendations to Review focus group recommendation along with the recommendations from NASWA's Intensive Services visit and recommendations from USDOL if Outreach to UI Staff/BAM to discuss the work seeking error rate and provide guidance. | 12/31/2019 12/31/2019 3/31/2020 | UI Staff/BAM Staff UI Management UI Staff |
| Root Cause Alternate Year #2: Benefit Year Earnings | | | |
| Strategies | Actions | Targets & Milestones | Resources |
| 1. Focus Group 2. Management Review 3. Outreach Additional: System modification | Continue with focus group meeting to determine different approaches lowering the benefit year earnings error rate. Make recommendations to Review focus group recommendation along with the recommendations from NASWA's Intensive Services visit and recommendations from USDOL if Outreach to UI Staff/BAM to discuss the BYE error rate and provide guidance. Considering the possibility of adding a calculator to the Claimant Portal to help claimant report earnings correctly. | 12/31/2019 12/31/2019 3/31/2020 9/30/2020 | UI Staff/BAM Staff UI Management UI/BAM Staff UI and IT Staff - funding may be an issue. |
| Root Cause Alternate Year #3: Able+Available | | | |
| Strategies | Actions | Targets and Milestones | Resources |
| 1. Focus Group 2. Management Review 3. Outreach Additional: | Form a focus group to look at the able and available issues that contribute to the improper payment rate to determine if it is claimant or department error. Review focus group recommendation along with the recommendations from NASWA's Intensive Services visit and recommendations from USDOL if Outreach to UI Staff/BAM to discuss the able and available error rate and provide guidance. | 12/31/2019 12/31/2019 3/31/2020 | UI Staff/BAM Staff UI Management UI/BAM Staff |

IDAHO

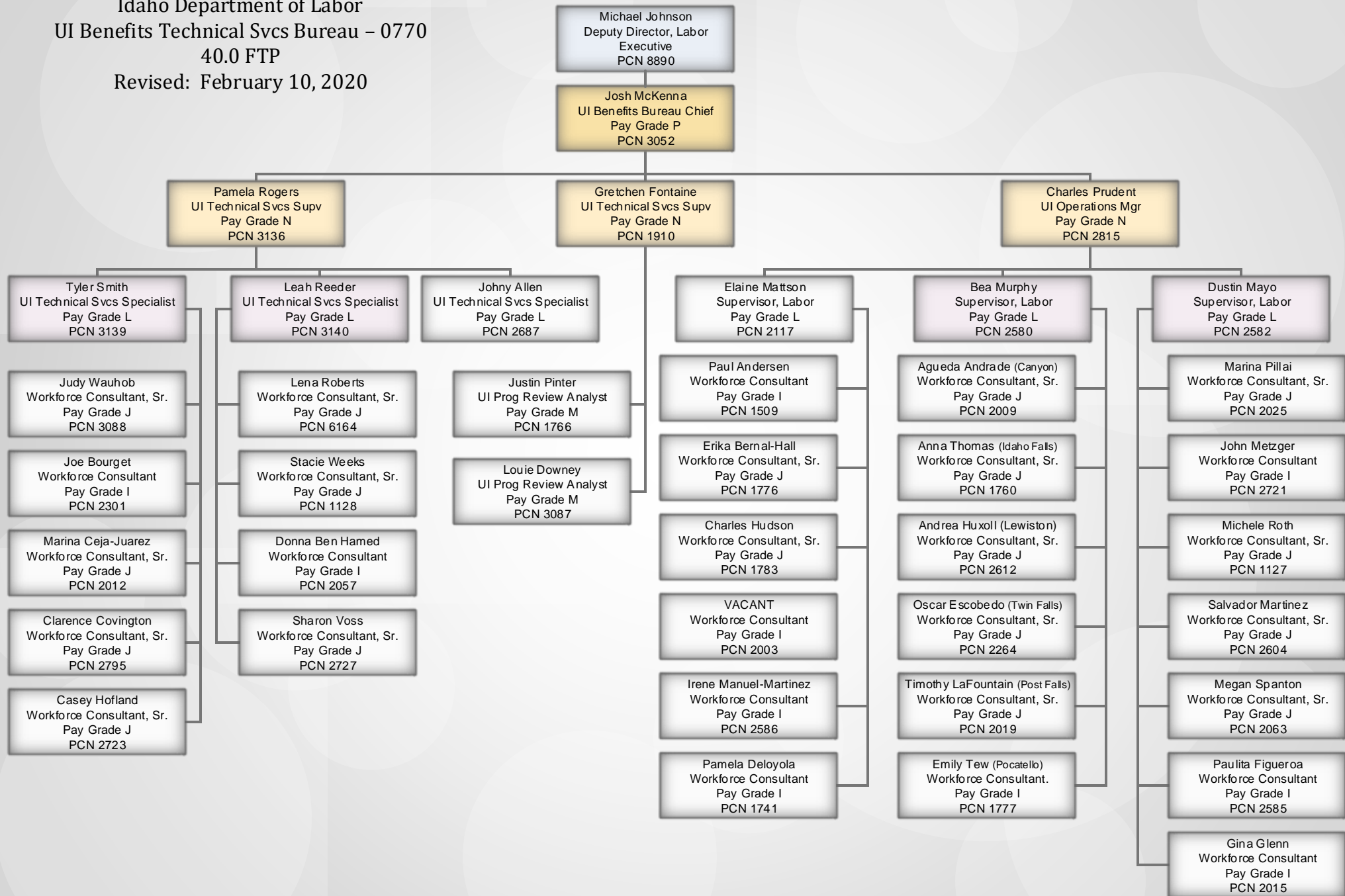
Department of Labor
November 2019
553.51



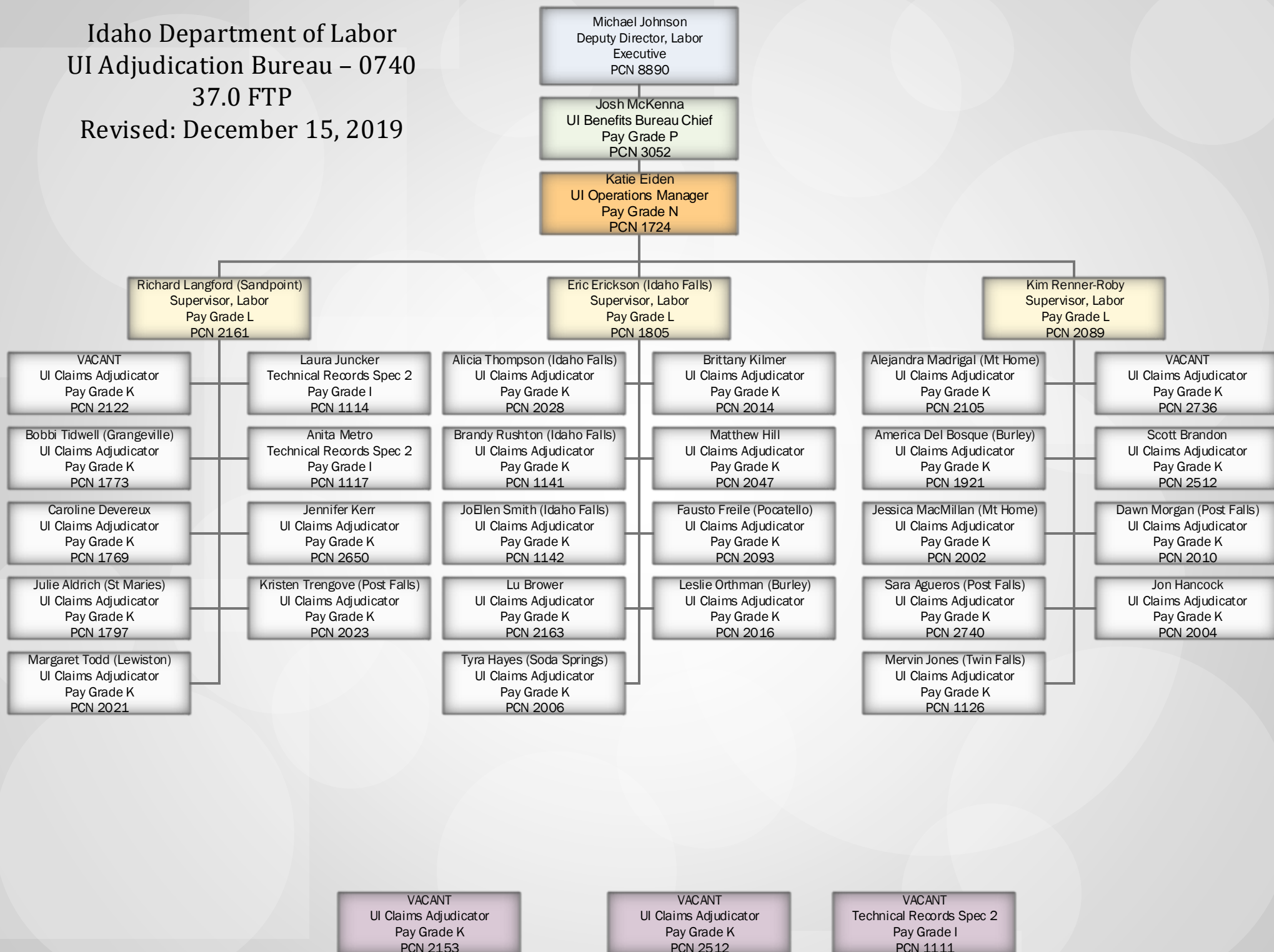
Idaho Department of Labor
UI Administration - 0700
1 FTP
Revised: February 5, 2020



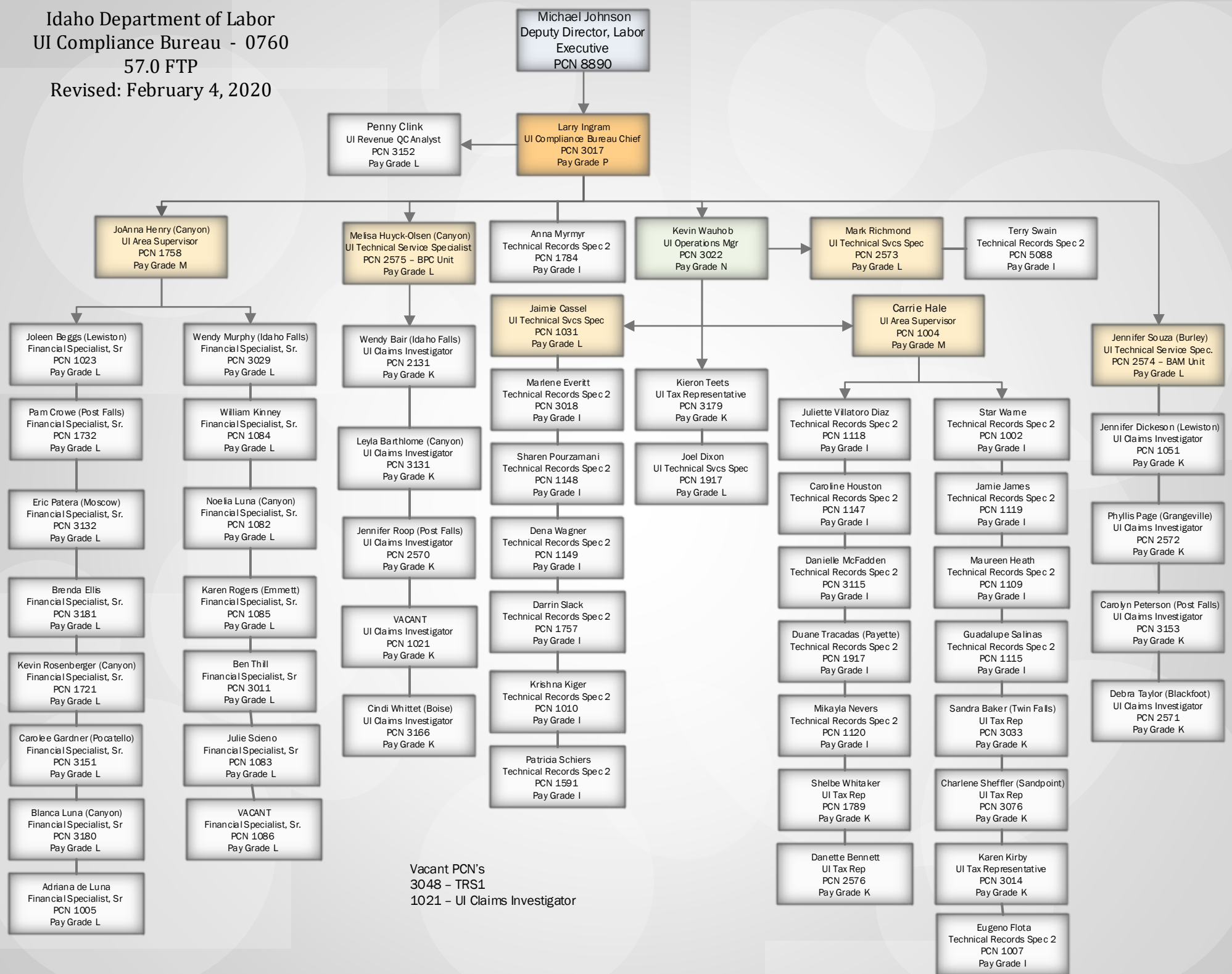
Idaho Department of Labor
UI Benefits Technical Svcs Bureau – 0770
40.0 FTP
Revised: February 10, 2020



Idaho Department of Labor
 UI Adjudication Bureau – 0740
 37.0 FTP
 Revised: December 15, 2019




Idaho Department of Labor
UI Compliance Bureau - 0760
57.0 FTP
Revised: February 4, 2020



**U.S. Department of Labor
SQSP SIGNATURE PAGE**

OMB Control No.: 1205-0132

Expiration Date: 02/28/2021

| | | |
|---|--|------------------------|
| U.S. DEPARTMENT OF LABOR Employment and Training Administration | FEDERAL FISCAL YEAR FFY 2020 | STATE Idaho |
| UNEMPLOYMENT INSURANCE STATE QUALITY SERVICE PLAN SIGNATURE PAGE | | |
| <p>This Unemployment Insurance State Quality Service Plan (SQSP) is entered into between the Department of Labor, Employment and Training Administration, and</p> <p style="text-align: center;">Idaho Department of Labor</p> <p>The Unemployment Insurance SQSP is part of the State's overall operating plan and, during this Federal fiscal year, the State agency will adhere to and carry out the standards set forth in Federal UI Law as interpreted by the DOL, and adhere to the Federal requirements related to the use of granted funds.</p> <p>All work performed under this agreement will be in accordance with the assurances and descriptions of activities as identified in the SQSP Handbook and will be subject to its terms.</p> | | |
| TYPED NAME AND TITLE | SIGNATURE | DATE |
| <u>Jani Revier, Director</u> Printed Name of STATE ADMINISTRATOR |  | 9/5/2019 |
| <u>Nicolas E. Lalpui</u> Printed Name of DOL APPROVING OFFICIAL (Regional Office) | | |
| <u>Gay Gilbert</u> Printed Name of DOL APPROVING OFFICIAL (National Office) (if required) | | |