

Findings, Recommendations, and Observations

At the conclusion of an investigation, the Ombudsman may make recommendations and/or observations. If an issue of administrative unfairness is identified, the Ombudsman usually makes recommendations to remedy that issue. Sometimes an investigation uncovers the potential for unfairness or identifies areas of concern that do not meet the threshold of unfairness. In these latter cases, the Ombudsman may make observations. The Ombudsman expects recommendations to be followed and monitors an authority's compliance with them since they are meant to remedy a specific issue identified in the investigation. Observations are monitored differently since they are meant to provide assistance to authorities to prevent potential unfairness.

Findings and Recommendations

Findings	Recommendations
Processing applications	
The family program does not give adequate reasons for denying benefits.	1. I recommend the family program explain why it denies benefits.
The programs do not adequately explain reassessments.	2. I recommend the programs use distinct terms to describe each type of reassessment to clarify the type of decision and the information people need to provide for the programs to assess their eligibility, including: <ul style="list-style-type: none"> • the estimate of household income • a re-adjudication of an existing application using a more recent Notice of Assessment • a re-adjudication of household eligibility after a life change
	3. I recommend the programs correct the website and rejection letter to clarify that if an application is denied between March 1 and September 30 of any year, people can submit their most recent notice of assessment to have their application re-adjudicated.
	4. I recommend that if an application is missing information, the programs give people a full list of all the information they need to complete the review.

<p>The programs generate letters but do not ensure they send the letters.</p>	<p>5. I recommend the programs:</p> <ul style="list-style-type: none"> • set up quality control procedures to confirm letters are properly printed and mailed • resolve any technical problems quickly
<p>People could apply and submit information only by fax or regular mail.</p>	<p>6. I recommend the programs examine using an online application system.</p>
<p>The programs deny reimbursements, contrary to their policy.</p>	<p>7. I recommend the programs follow their policy and approve reimbursements for costs caused by program errors or emergencies.</p>
<p>The child program does not have a procedure for approving retroactive coverage in situations of financial hardship.</p>	<p>8. I recommend the child program follow its policies and approve retroactive coverage to avoid financial hardship.</p>
<p>Clients temporarily lose coverage when they move between or within programs. Emergency benefits to fill the gap are only partial.</p>	<p>9. I recommend the programs ensure clients receive all the coverage they are entitled to.</p>
<p>The programs do not consistently record all verbal communication with clients.</p>	<p>10. I recommend the programs' policies require assessors to record all interactions with everyone.</p>
<p>Communicating with clients and applicants</p>	
<p>Template letters do not consistently meet the requirements of administrative fairness.</p>	<p>11. I recommend the programs update all their template letters to meet the requirements of administrative fairness. Letters must:</p> <ol style="list-style-type: none"> a) identify the Director's legal authority to make a specific decision and identify the decision-maker b) give people notice of their right to appeal a decision to deny or end a benefit c) distinguish the different types of internal review or reassessment at different times of the benefit year d) tell clients their benefits may end if they do not inform the program of an address change

	<ul style="list-style-type: none"> e) use a consistent phrase to refer to ongoing prescription costs and medical expenses f) use only the number for the programs contact center g) set deadlines for clients to submit documents and then inform people of the decision h) tell people the next steps to resolve specific issues or problems
The programs do not adequately inform applicants and clients of their appeal rights.	12. I recommend the programs give people written notice of their right to appeal if their benefits are denied or ended.
	13. I recommend the programs consider an appeal process like the Assured Income for the Severely Handicapped (AISH) program uses.
The programs do not clearly and consistently explain how they differ from each other.	14. I recommend the programs' application forms and websites explain how the programs differ.
The family program does not clearly and consistently explain that eligibility depends on households' having ongoing costs for prescription drugs and diabetic supplies	15. I recommend the family program update all program information (such as the application form, website, and template letters) to clarify that to be eligible for benefits, people must: <ul style="list-style-type: none"> • have ongoing costs for prescriptions or diabetic supplies • submit at least 90 days of receipts for these costs
The family program does not clearly and consistently explain how eligibility is based on household income minus the annual costs of prescription drugs and diabetic supplies.	16. I recommend the family program update all program information (such as the application form, website, and template letters) to clarify that to determine eligibility, the program deducts ongoing costs for prescriptions and diabetic supplies from household income.
	17. I recommend the family program remove the word "high" from its description of annual prescription costs.

<p>The programs put the burden on people to contact the Health Benefit Contact Centre to find out the status of their file or application.</p>	<p>18. I recommend the programs provide better written information to people about the status of their files or applications, next steps, and reasons for program decisions.</p>
<p>Program approval letters lack enough information for clients to understand what they must do.</p>	<p>19. I recommend the programs amend the approval packages to include:</p> <ul style="list-style-type: none"> • the start date for benefits • an explanation of when the client or their dependents may become ineligible • a notice that benefits may end if the client does not notify the program of a change in mailing address
<p>The family program application form has errors.</p>	<p>20. I recommend the programs correct typographical errors in the application form.</p>
<p>Program policies do not accurately reflect current program practices.</p>	<p>21. I recommend the family program update its policies to reflect current practices.</p>
<p>Responding to complaints</p>	
<p>The programs lack policies on responding to and escalating complaints.</p>	<p>22. I recommend the programs establish policies for responding to and escalating complaints. The policy should include:</p> <ul style="list-style-type: none"> • procedures to notify supervisors of an escalation • a timeframe for supervisors to respond to a complaint • what supervisors should note on the client file • if there is a higher level of review to an impartial decision-maker <p>If complainants are not satisfied with the outcome of escalation, the programs may refer them to the Ombudsman.</p>

Fixing technology problems	
Program technology is not effective.	23. I recommend Alberta Health and Seniors, Community and Social Services immediately resolve recurring problems caused by their ineffective technology.
	24. I recommend the ministries work with other government partners to replace the legacy program, AHB Production.
Staff at the Health Benefit Contact Centre cannot directly update client files when people call to report a change.	25. I recommend the programs ensure they update client files when people call to report a change.
Ensuring accountability	
The programs do not issue decisions on incomplete applications.	<p>26. I recommend the programs monitor incomplete applications in the Transition Bin and set reasonable deadlines for applicants.</p> <p>If the programs don't receive information by the deadline, they should decide the application and notify applicants of the decision.</p>
The programs lack procedures to ensure outgoing mail is actually sent and returned mail is handled fairly.	<p>27. I recommend the programs develop procedures to handle mail. The procedures should:</p> <ul style="list-style-type: none"> • require staff to ensure outgoing mail is actually sent • explain the steps staff must take before closing files
The programs' training programs for assessors are inadequate.	28. I recommend the programs develop and deliver more comprehensive, standardized training for assessors.

Findings and Observations

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The programs' auto-response email says the programs accept only PDF files.	1. The programs' email auto-response should have accurate information about acceptable file formats.
The programs do not confirm they have received material from people who mail or fax them.	2. The programs should confirm that they have received material from people who mail or fax them.
The inability of staff to transfer phone calls impedes prompt complaint resolution.	3. The programs should ensure that staff can transfer phone calls internally.
Supervisors are not evaluating calls, contrary to the CSD Contact Centre Quality Management Guide.	4. The programs should follow the CSD Contact Centre Quality Management Guide and evaluate calls.
Managers are not directly involved in delivering the programs.	5. The programs should ensure that managers have a role in the decision-making processes, provide adequate support and oversight of the programs, and perform quality control and monitoring of the program.