

Washington
Paid Family & Medical Leave

Non-Utilization Study

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Non-Utilization Study

Executive Summary

The purpose of this study is to identify potential barriers and challenges that customers may experience during the benefit application process for Paid Family and Medical Leave.

This study sought to answer the following questions:

1. Why are customer claims being denied? Do their demographic and employment characteristics differ from all applicants¹?
2. For those who were approved but never used leave, do their demographic and employment characteristics differ from all applicants? Did they attempt to file weekly claims?

Through administrative data analysis, discussion groups with Customer Care Team specialists, and a customer survey, we sought to learn more about common challenges experienced during the benefit application, redeterminations, and weekly claims processes.

Key Findings

Of all benefit applications submitted between July 1, 2020 and April 1, 2021, 109,125 applications were approved (86 percent). Those customers successfully filed weekly claims and received benefits. However, 12,737 applications (10 percent) were denied. Another 5,577 applications (four percent) were approved, but never received benefits. These groups will be the focus of this report.

Most applications were for family bonding or medical leave. Bonding and pregnancy complication claims had higher rates of approval and receipt of benefits, while family care, family military, and medical claims had higher rates of denial or approval without receipt of benefits.

Of those applications that were approved but never received benefits:

- 35 percent attempted to file weekly claims, while 65 percent did not.
- 1,926 customers did attempt to file weekly claims and were denied because:
 - o On 62 percent (of weekly claims), customers reported they were working or using paid time off.
 - o On 29 percent, customers reported they were receiving L&I workers' compensation or unemployment insurance benefits.
 - o On eight percent, customers reported they did not miss eight consecutive hours of work.
 - o One percent were denied for other reasons, such as customers were unable to establish good cause to backdate their weekly claim or they had exhausted their leave.

¹ This study includes all customers who applied, regardless of the final approval or denial status of their application.

All applications that are denied are assigned a denial reason. 12 percent had more than one denial reason. Below are the five most common denial reasons:

1. The employee has not worked 820 hours and did not meet the hours worked requirement to be eligible for leave.
2. The employee did not provide sufficient medical certification.
3. The employee failed to respond to a factfinding letter.
4. The employee applied for leave for a past date and was unable to establish good cause.
5. The employee did not provide sufficient identification.

Demographic Comparisons

To better understand the demographic characteristics of those who are experiencing challenges during the benefit application process, we compared the demographic characteristics of all applicants to those who were approved and received benefits, those who were approved and *did not* receive benefits, and those whose claims were denied.

Age

- Customers ages 30 to 39 had higher rates of approval and receipt of benefits, likely related to the high numbers of approved bonding and pregnancy complication claims. Customers ages 18 to 29, 40 to 49, and 50 to 59 had lower rates of approval and receipt of benefits, aside from those whose age was not available.
- Customers ages 50 to 59 and 60+ had higher rates of approval without receipt of benefits.
- Aside from customers whose ages weren't available, customers ages 18 to 29 had the highest rates of denial.

Gender

- Those who identified as female had higher rates of approval and receipt of benefits.
- Those who identified as male, nonbinary, or who preferred not to disclose their gender, had higher rates of denial and of approval without receipt of benefits.

Racial-Ethnic Identity

- Those who identified as white, East Asian, and who preferred not to disclose their racial-ethnicity identity had higher rates of approval and receipt of benefits.
- Those who identified as Southeast Asian, South Asian, and Native Hawaiian or Pacific Islander had higher rates of approval without receipt of benefits.
- Those who identified as Native Hawaiian, American Indian or Alaska Native, and Black or African American had the highest rates of denial.

Employment Characteristic Comparisons

We also compared the employment characteristics of all applicants to those who were approved and received benefits, those who were approved and *did not* receive benefits, and those whose claims were denied.

Average Hourly Wage

- Customers making an average of \$24-\$33 an hour, \$33-\$49 an hour, and \$49 or more an hour had higher rates of approval and receipt of benefits, while customers making up to \$18 and \$18-\$24 an hour had lower rates of approval.
- Customers in the two highest wage groups had higher of approval without receipt of benefits.
- Customers in the two lowest wage groups had higher rates of denial.
- Approximately one percent of customers were missing wage information, all of which were denied. When hours and wages cannot be established during the application process, fact finding must be performed. If customers do not respond to fact finding and earnings and hours worked during the qualifying period cannot be established, claims cannot be approved. Those whose claims were denied for this reason are not included in this sample.

Employer Size & Employer Count

- In general, the differences in approval and denial for those who worked for small and large employers were nominal. However, those whose employer information was not available had lower rates of approval and higher rates of denial.
- The differences between those who worked for one employer and more than one employer were also nominal when looking at employer count. Likewise, those who were missing employer information had lower rates of approval without receipt of benefits and higher rates of denial.
- The conclusions we can draw from the differences for those with missing employer information are limited given the need to establish hours and wages for approval.

Findings from the Customer Survey: Approved, But Did Not Receive Benefits

The administrative data analysis provided some context as to why a customer might be approved to take leave, but never received benefits. We reached out to customers directly to find out more. The survey was sent to 950 customers, of which 14 percent responded.

- 16 percent of respondents said the process was too confusing or challenging during an already difficult or stressful time.
- 32 percent of respondents did not know they were supposed to file a weekly claim, were unable to file a weekly claim, or weren't sure why they were unable to receive benefits.
- 16 percent of respondents said they received other paid time off or government benefits.
- Many customers expressed frustration, and when asked if they would apply for paid family or medical leave benefits again in the future if they experienced qualifying event, 26 percent said they would not.
- Those who said they wouldn't apply again in the future expressed frustration that it took too long to receive payment and they had to return to work, claiming it was not worth the effort. The

majority were most frustrated that they were never able to talk with someone on the phone and get their questions answered.

Findings from the Customer Care Team Specialist Focus Groups

In line with the findings from the customer survey, Customer Care Team (CCT), Specialists expressed what they felt were the most common points of confusion for customers during the benefit application process:

- What is considered an acceptable medical certification form.
- Applying before the qualifying event occurs.
- Hours and wages not being reported or being reported incorrectly.
- What to expect if a redetermination is requested.
- How to answer the questions on the weekly claim questionnaire.

For a complete list of the topics discussed during the focus groups, including key process improvement themes and policy clarifications, see [Appendix D](#).

Conclusion

The purpose of this study was to uncover common challenges experienced during the benefit application process. It is our hope that this study provides useful insights into opportunities to streamline the application, redetermination, and weekly claims processes, and better support customers in accessing the benefit. Thank you to the Customer Care Team Specialists who participated in our discussion groups and provided valuable ideas for improving processes, communication, training, and resources.

The key takeaways from this study are:

1. The benefit application and weekly claims processes can be difficult to navigate, especially during an already stressful and challenging time. This study provides a first look at the specific demographic and employment characteristics of customers with the lowest rates of approval with receipt of benefits, and the highest rates of denial and of approval without receipt of benefits.
2. There were 4,773 claims in the sample that were denied because the customer did not meet the 820 hours worked requirement. Some workers truly may not have been eligible. However, at least 1,000 claims were denied for not meeting the 820 hours requirement because they were missing wage information. These customers did not upload alternative documentation. Given this, increasing the completeness and accuracy of employee wage reporting will likely have a substantial positive impact on benefit customers.
3. Input from customers and CCT specialists allude to the complexities of and the opportunities to streamline the application process. Given that the two main reasons a claim may be denied are insufficient medical certification forms and not meeting the 820 hours worked requirement, qualifying event documentation and employment verification are two areas of the application process that could benefit from further process improvement study.

4. Concurrently, the findings from the customer survey and CCT specialist focus groups suggest that the weekly claims questionnaire and weekly claims process could benefit from further process improvement study.

In the future, we'd like to explore the following research questions related to this study:

- Do certain demographic groups experience claim denial reasons more commonly than others? For example, are customers ages 60+ who apply for medical leave and are denied failing to provide sufficient medical certification or failing to meet the hours worked requirement? Are customers being denied because they aren't eligible or because they fail to provide the information needed?
- What are the challenges that those whose primary language is not English experience during the benefit application process? Do they differ from that of all applicants?
- How can the benefit application and weekly claims questionnaire be improved?
- Who are the customers who interact with both Paid Family and Medical Leave and Unemployment Insurance?
- How can the medical leave for pregnancy and childbirth to bonding transition be improved?
- What sorts of communication and training are most effective for employers?
- What proportion of the Washington worker population is eligible to receive Paid Family and Medical Leave benefits and experiences a qualifying event each year?

Non-Utilization Study

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Introduction

The purpose of this study is to identify potential barriers/challenges that customers may experience to accessing Paid Family and Medical Leave.

Data and Methods

Research Questions

This study sought to answer the following questions:

1. Why are customer claims being denied? Do their demographic and employment characteristics differ from that of all applicants?
2. Why are there customers who were approved but never received benefits? Do their demographic and employment characteristics differ from that of all applicants?

To answer these questions, this study used administrative and claims data collected from Paid Leave customers during the application process and wage reports filed by employers during premium collection to draw comparisons between all customers who submitted applications between July 1, 2020 and April 1, 2021 to those who were approved and never received benefits, and those whose claims were denied.

Paid Family and Medical Leave Administrative Data

The sample includes 127,439 applications submitted by 102,121 customers. All customers who applied between July 1, 2020 and April 1, 2021 and whose leave start date was on or before May 2, 2021 were included. Customers who applied during the first six months of 2020 were not included because their application experience may have been atypical.² The end date of April 1, 2021 was chosen because the average time to re-adjudicate a claim from initial denial, to a redetermination and approval is about 43 days. This allows enough time for applications that may have been submitted and were denied on or around April 1st to be potentially re-adjudicated. The leave start date of May 2, 2021 was chosen to ensure customers had sufficient time to receive their determination letter and begin filing weekly claims.

Benefit Application Data

At the time of application, customers are asked for pertinent details of their family or medical leave, their demographics, and their current employment information. This study used the following variables from the application data: customer birthdate, racial, ethnic, and gender identity, and claim information, such as qualifying event type and leave type.

² When benefits launched in January 2020, the program received significantly more applications than anticipated. As a result, customers who applied during this time experienced processing delays and other challenges that may have made their application experience atypical to customers who applied after July 1, 2020.

Claim-Linked Quarterly Wage and Employer Information

In addition, as part of the application and eligibility verification process, each claim is linked to the customer's employer wage records and any additional documentation of hours and wages the employee provides to determine the amount of leave available to them and their weekly benefit amount. This study used quarterly wages, quarterly hours worked, average employee count, and employer count from the employer wage reports to estimate average hourly wage and business size for each customer and to construct a comparison sample of all applicants.

An average hourly wage was calculated by taking the average of quarterly wages over hours worked for each customer in each quarter that reports were available and linked to a claim. We were unable to link hours and wages for approximately 3,665 claims during the time period. As a proxy, we estimated their average hourly wage using their weekly benefit amount, which is determined at the time of application using wages from the highest two quarters during their qualifying period. After approximation, there were still 1,240 customers whose applications were denied and whose wages we could not approximate because hours and wages were not established during the application process. As a result a claim year was not established and their weekly benefit amount was not calculated. A count of employers and employer size was also obtained for each customer using the wage reports. Employer size was calculated using the average employee count reported by the employer where the employee worked the most hours in a quarter during the time period.

Customer Survey: Approved, But Did Not Receive Benefits

A survey was sent out directly from the Leave and Care Division by email to 950 customers who were approved but never successfully filed weekly claims to receive leave benefits and were approaching the end of their claim year. Because it was sent out by email, it did not include those who submitted their applications by paper. It was open for 10 days, with reminders sent on days seven and nine. The focus of the survey was to ask customers why they did not receive paid leave benefits during their approved leave time. [Appendix A](#) shows a copy of the survey, which included optional questions about customer demographics. A total of 136 responses were recorded, for a response rate of approximately 14 percent. [Appendix B](#) shows the demographics of respondents, including age, gender identity, ethnic heritage, and employer size, compared to all applicants. Data was also collected from respondents about primary language, hours worked per week, education level, annual income, and primary industry of employment, but as we do not collect these data for all applicants, no comparisons were drawn. It is important to note that the demographics of respondents are not necessarily representative of all applicants. This survey presents valuable insights of the experiences of this group; however, they may not be generalizable to all applicants.

Customer Care Team Specialist Focus Groups

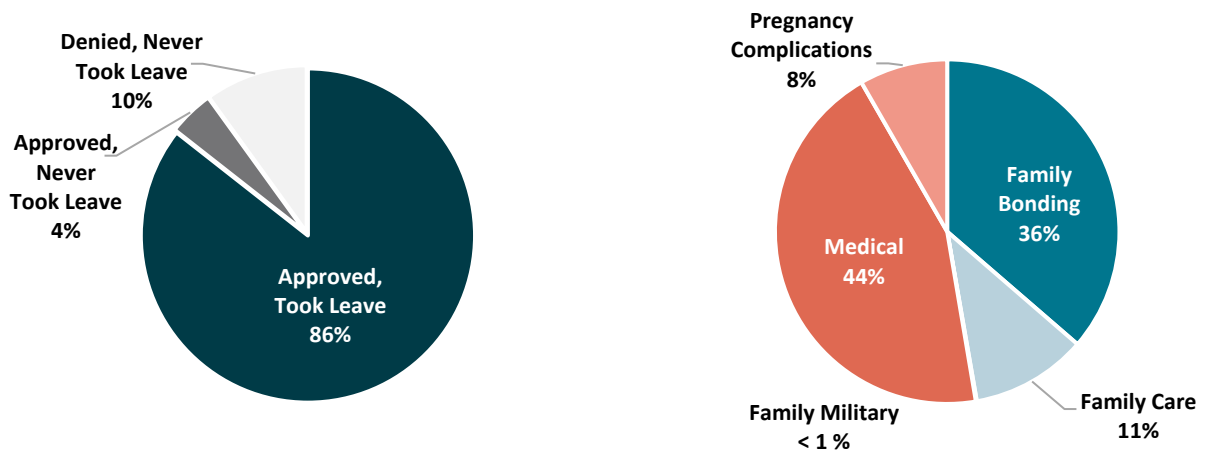
To learn more about the challenges experienced during the benefit application, weekly claim filing, and redetermination processes, two one-hour focus groups were conducted with Customer Care team specialists in June 2021. A total of eight specialists from various teams participated. There was a wide representation of teams that worked on benefit application adjudication, weekly claims, redeterminations, and employer compliance.

Themes arose related to 1) the customer experience including common hang ups during the benefit application and weekly claims filing process, and 2) the CCT specialist experience, including points of policy clarification, technology, resource sharing/collaboration, and workflow. [Appendix C](#) shows a copy of the focus group protocol, including a list of the general questions that were asked. Although the findings of these focus groups will be discussed in more detail in the body of this report, a complete list of the topics discussed are included in [Appendix D](#).

Population of Interest

Figure 1.A. illustrates the distribution of the populations of interest within all applications submitted. Of all benefit applications submitted during the period, 109,125 (86 percent) were approved. Those customers successfully filed weekly claims and received benefits. However, 12,737 applications (10 percent) were denied. Another 5,577 applications (four percent) were approved, but those customers did not receive benefits. These groups will be the focus of this report.

Figure 1.A. Claim Level Distribution by Group and Leave Type



Source: WA Paid Leave Administrative Data, All Applications Submitted between 7/1/2020 - 4/1/2021³

³ Unless otherwise stated, all data referenced in this report is WA Paid Leave Administrative Data collected from all applications submitted between 7/1/2020 – 4/1/2021, regardless of their final approval or denial.

Table 1.B. illustrates the distribution of leave type at the claim level. Most applications were submitted were for family bonding or medical leave. Bonding and pregnancy complication claims had higher rates of approval and receipt of benefits, while family care, family military, and medical claims had higher rates of approval without receipt of benefits and of denial.

Table 1.B. Claim Level Distribution by Leave Type and Group

	Approved, Took Leave	Approved, Never Took Leave	Denied, Never Took Leave
Family Bonding	91%	3%	6%
Family Care	76%	9%	14%
Family Military	63%	6%	31%
Medical	82%	5%	13%
Pregnancy Complication	91%	1%	8%

Of those who were approved and never received benefits:

- 35 percent attempted to file weekly claims, while 65 percent did not.
- 1,926 customers did attempt to file weekly claims and were denied because:
 - o On 62 percent (of weekly claims), customers reported they were working or using paid time off.
 - o On 29 percent, customers reported they were receiving L&I workers' compensation or unemployment insurance benefits.
 - o On eight percent, customers reported they did not miss eight consecutive hours of work.
 - o One percent were denied for other reasons, such as customers were unable to establish good cause to backdate their weekly claim or they had exhausted their leave.

Of those applications that were denied and never received benefits, 12 percent had more than one denial reason associated. Table 1.C below shows the most common denial reasons.

Table 1.C. Most Common Claim Denial Reasons

	Count of Denial Reasons ⁴
1. Employee Has Not Worked 820 Hours	4,806
2. Did Not Provide Sufficient Medical Certification	4,378
3. Failure to Respond to Fact Finding Letter	960
4. Applied for Past Date but Unable to Establish Good Cause	885
5. Insufficient Employee Identification	236

⁴ A claim may have more than one denial reason, so a claim may be represented more than once in these counts.

For those whose claims were denied because the applicant did not meet the hours worked requirement, was this because their wage information was not reported correctly or because they did not work enough hours?

- Of the applications that were denied for this reason, approximately eight percent were missing wage information and did not upload alternative documentation.
- Applications that were denied but were not missing wage information showed that these customers worked a median of 184 hours and an average of 209 hours per quarter.

Table 1.D. shows the distribution of applications by electronic and paper submission. Most customers submitted their applications online, but there was a small proportion who applied by paper application via mail. Those who submitted paper applications had lower rates of approval, and higher rates of approval and denial without receipt of benefits. Statistical tests showed there is a significant relationship between submission type and probability of approval and receipt of benefits.⁵ A customer may request a paper application because their preferred language is not English,⁶ or they may have limited computer or internet access. The process to apply by mail and receive benefits is more involved as customers must file their weekly claims by phone. It is likely that this group faces more barriers to accessing benefits than those who apply online.

Table 1.D. Claim Level Distribution by Application Submission Type

	Approved, Took Leave	Approved, Never Took Leave	Denied, Never Took Leave	All Applications Submitted
Electronic	86%	4%	10%	126,320
Paper	79%	8%	13%	1,119

Demographic Comparisons

To better understand the demographic characteristics of those who are experiencing barriers to accessing Paid Family and Medical Leave, we compared the demographic characteristics of all applicants to those who were approved and never received benefits, and those whose claims were denied. The following demographic comparisons are presented at the customer level and customers are only represented once. Those who were approved and took leave also includes anyone whose application was originally denied, but they reapplied (or their application was re-adjudicated and later approved) and took leave.

Age

Table 2.A. shows the distribution of customers by age. Customers ages 30 to 39 had the highest rates of approval and receipt of benefits, likely related to the high numbers of approved bonding and pregnancy complication claims mentioned above. Customers ages 18 to 29, 40 to 49, 50 to 59, and 60+ had lower rates of approval and receipt of benefits, aside from those whose age was not available. Customers ages 50 to 59 and 60+ had the highest rates of approval without receipt of benefits.

⁵ Chi-Square Tests of Independence were used to test levels of association for all categorical variable comparisons in this report.

⁶ Customers whose preferred language is not English may only apply by paper application.

Aside from customers whose ages weren't available, customers ages 18 to 29 had the highest rates of denial. Statistical tests showed there is a significant relationship between age and probability of approval and receipt of benefits.

Table 2.A. Customer Level Distribution by Age

	Approved, Took Leave	Approved, Never Took Leave	Denied, Never Took Leave	All Applications Submitted
18 to 29	80%	4%	16%	19,589
30 to 39	86%	4%	9%	41,967
40 to 49	82%	6%	12%	17,466
50 to 59	82%	7%	11%	13,523
60+	83%	8%	10%	9,297
Unavailable	77%	4%	19%	280

Gender

Table 2.B. shows the customer distribution of these groups by gender identity. Those who identified as female had higher rates of approval and receipt of benefits, while those who identified as male, nonbinary, or who preferred not to disclose their gender, had higher rates of approval and denial without receipt of benefits. Statistical tests showed that there is a significant relationship between gender identity and probability of approval and receipt of benefits.

Table 2.B. Customer Level Distribution by Gender Identity

	Approved, Took Leave	Approved, Never Took Leave	Denied, Never Took Leave	All Applications Submitted
Female	84%	5%	11%	60,714
Male	83%	6%	12%	40,744
Nonbinary	80%	7%	13%	282
Prefer not to say	80%	8%	12%	382

Racial-Ethnic Identity

Table 2.C. shows the customer distribution by racial-ethnic identity. Those who identified as white, East Asian, and who preferred not to disclose their racial-ethnic identity had higher rates of approval and receipt of benefits. Those who identified as Southeast Asian, South Asian, and Native Hawaiian or Pacific Islander had higher rates of approval without receipt of benefits. Those who identified as Native Hawaiian, American Indian or Alaska Native, and Black or African American had higher rates of denial. Statistical tests showed there is a significant relationship between racial-ethnic identity and probability of approval and receipt of benefits.

Table 2.C. Customer Level Distribution by Racial-Ethnic Identity

	Approved, Took Leave	Approved, Never Took Leave	Denied, Never Took Leave	All Applications Submitted
AIAN alone	79%	4%	17%	562
Black alone	79%	5%	16%	4,968
East Asian alone	87%	5%	8%	2,293
Latinx alone	80%	5%	15%	14,921
Middle Eastern alone	81%	4%	15%	276
NHOPI alone	74%	6%	20%	1,551
Another racial-ethnic identity	82%	5%	14%	5,560
Prefer not to say	86%	5%	9%	3,458
South Asian alone	84%	6%	9%	2,096
Southeast Asian alone	82%	6%	12%	3,108

Employment Characteristic Comparisons

Average Hourly Wage

Table 3.A. shows the customer distribution by average hourly wage across groups. Customers in the three highest wage groups had higher rates of approval and receipt of benefits, while customers in the two lowest wage groups had lower rates of approval. Customers in the two highest wage groups had higher rates of approval without receipt of benefits. Customers in the two lowest wage groups also had higher rates of denial.

Approximately one percent of customers were missing wage information, all of which were denied. When hours and wages cannot be established, fact finding must be performed. If customers do not respond to fact finding and earnings and hours worked during the qualifying period cannot be established, claims cannot be approved. Statistical tests showed that there is a significant relationship between average hourly wage and probability of approval and receipt of benefits.

Table 3.A. Customer Level Distribution by Average Hourly Wage

	Approved, Took Leave	Approved, Never Took Leave	Denied, Never Took Leave	All Applications Submitted
Up to \$18	77%	4%	19%	20,826
\$18 to \$24	84%	5%	11%	20,837
\$24 to \$33	87%	5%	8%	19,708
\$33 to \$49	87%	6%	7%	19,831
\$49+	87%	6%	6%	19,680
Unavailable	-	-	100%	1,240

Employer Size

Table 3.B. shows the customer distribution by employer size. The differences in approval and denial for those who worked for small and large employers were nominal. However, those whose employer information was not available had lower rates of approval and higher rates of denial. Statistical tests showed there is a significant relationship between employer size and probability of approval and receipt of benefits, but it is hard to say how much of that is related to employer size and how much is related to the need to verify hours and wages in order to approve a claim.

Table 3.B Customer Level Distribution by Employer Size

	Approved, Took Leave	Approved, Never Took Leave	Denied, Never Took Leave	All Applications Submitted
Large Employer	85%	6%	9%	69,719
Small Employer	85%	4%	11%	15,041
Unavailable	76%	4%	20%	17,362

Employer Count

Table 3.C. shows the customer distribution by employer count. Those with one employer had slightly higher rates of approval with receipt of benefits, compared to those with multiple employers. Those with multiple employers had slightly higher rates of approval without receipt of benefits than those with one employer. Like wage and employer size, those who were missing employer information had lower rates of approval without receipt of benefits and higher rates of denial. Statistical tests showed that there is a significant relationship between employer count and probability of receipt of benefits, but as above, the conclusions we can draw are limited given the need to establish hours and wages for approval.

Table 3.C. Customer Level Distribution by Employer Count

	Approved, Took Leave	Approved, Never Took Leave	Denied, Never Took Leave	All Applications Submitted
Multiple Employers	84%	6%	11%	4,399
One Employer	85%	5%	10%	81,666
Unavailable	76%	4%	20%	16,057

Findings from the Customer Survey: Approved, But Did Not Receive Benefits

The administrative data analysis provided some context as to why a customer might be approved to take leave, but never received benefits. We reached out to customers directly to find out more. Table 4.A. shows the distribution of qualifying events that respondents experienced. Approximately 31 percent of respondents took leave to bond with their child, and within that, 2 percent of respondents took leave to bond with an adoptive or foster child. Those who applied for their own medical condition or to recover from childbirth had lower representation than all applicants that were approved but did not receive benefits. Those who applied to bond with their child had higher representation than all applicants that were approved but did not receive benefits.

Table 4.A. Respondent Qualifying Event Distribution

<i>Why did you apply to receive paid leave benefits?</i>	Respondents	Approved, But Never Took Leave
To recover from childbirth or my own serious health condition⁷	41%	54%
To bond with a newborn, adopted, or foster child	31%	22%
To care for a family member with a serious health condition	24%	23%
Don't know	4%	N/A
To care for or spend time with a family member who is in the military	-	.1%

Source: WA Paid Leave Customer Survey of those who were approved but never received benefits, June 2021

⁷ For the purposes of this specific comparison, the medical leave type and pregnancy complication leave type percentages were combined within the administrative data to compare to the survey respondents more easily. We did not ask respondents if they took leave for pregnancy-related complications.

Table 4.B. shows the distribution of reasons why respondents did not receive benefits. There were thirteen options to choose from originally, one of which was an “other” write-in field. 43 percent of respondents wrote in responses. We went through these written responses and assigned them to existing categories as appropriate, and added four additional categories, denoted by the asterisk below.

Table 4.B. Distribution of reasons why respondents did not receive benefits

Why haven't you received paid leave benefits? Choose the option that best describes your situation.	Respondents
The process was too difficult during an already stressful or challenging time.	16%
I received other paid time off or government benefits, such as Unemployment Insurance.	16%
I did not know I was supposed to file a weekly claim to receive benefits.	13%
I don't know! I tried! Help!*	12%
I was unable to file a weekly claim.	7%
I did not receive approval to take leave in time and had to return to work.	6%
I was able to make alternative care arrangements for my child or family member.	4%
I was needed at work and could not take time off.	4%
I wanted to save my leave.	3%
Problems experienced during the benefit application process/was unable to produce the necessary documentation*	3%
I did file and still expect to receive benefits.*	3%
Other	3%
I was worried I might lose my job or some other negative employment consequence.	3%
I was able to make alternative work arrangements.	3%
I could not afford to take time off work - the weekly benefit was not enough to cover my expenses.	2%
I postponed treatment for own health condition, or my family member postponed medical treatment.	1%
My employer directed me to apply in order to file a short-term disability insurance claim.*	1%

Source: WA Paid Leave Customer Survey of those who were approved but never received benefits, June 2021

Of note, **32 percent of respondents did not know they were supposed to file a weekly claim, were unable to file a weekly claim, or weren't sure at all why they were unable to receive benefits.**⁸

- Most of these respondents felt the process was unclear and not explained well to them.
- One person said they “emailed all documents needed. Nothing was saved. Did not receive a phone call or email about needed documents.”

⁸ This includes the “I did not know I was supposed to file a weekly claim to receive benefits,” “I don't know! I tried! Help!”, and “I was unable to file a weekly claim” categories listed in table 4.B. above.

What's more is that **approximately 16 percent of respondents said the process was too confusing or challenging during an already difficult or stressful time.**

- Many people found the process too difficult to navigate when they were ill or recovering from surgery or an illness.
- Others said they were unable to reach anyone by phone or email, and that they spent a significant amount of time waiting on the phone, to the point that they ran out of time, had to return to work, or gave up.
- Two people expressed problems experienced during the application process, like their medical form being faxed before their account was fully set up, or an employer-related discrepancy.
- One person said it *"took way too long to receive my benefits,"* while another said *"filing weekly was too complicated."*
- Another said, *"Can't figure out how to claim. I'm very bad with computers I really need an actual person to help walk me through it."*

Approximately 16 percent of respondents said they received other paid time off or government benefits.

- One person said, *"This is a great program and I had planned to use benefits after the birth of my child. I ended up not needing the PFML benefits due to other benefits offered during the pandemic and a change in circumstances. The process was a bit confusing and my employer HR representative was not very helpful. It would be nice if employers received more training to be able to help their employees."*
- At least two people said they were receiving unemployment benefits, but they weren't sure.
 - o *"I never knew why it said that I received other employment benefits from the government - because I did not. The only thing I can think of is the 1200\$ Covid stimulus check."*
 - o *"I was told I am getting an unemployment insurance That time. And I was thinking that's two different programs with different deductions from my salary."*
- One person is now on disability, unemployed, and would like to apply for a past date but is unsure if they can.
 - o *"I can still work, but not in the same capacity my old job requires. I'm now on disability & don't have a job to save in my absence. I do need to be employed, do I not? I'm not sure if last year still counts but would like to know if I can file for back benefits! An injury, & 3 surgeries in 8 months leaves my head in a blur! "*

In general, the findings from this survey allude to several points of confusion for customers related to the application and weekly claims process. **Many customers expressed frustration, and when asked if they would apply for paid family or medical leave benefits again in the future if they experienced qualifying event, 26 percent said they would not.** Those who said they wouldn't apply again in the future expressed frustration that it took too long to receive payment and they had to return to work, claiming it was not worth the effort. The majority were most frustrated that they were never able to talk with someone on the phone and get their questions answered.

Findings from the CCT Specialist Focus Groups

In line with the findings from the customer survey, Customer Care Team (CCT), Specialists expressed what they felt were the most common points of confusion for customers during the benefit application process:

1. **What is considered an acceptable medical certification form.** We allow many different types of medical certification forms, which maximizes ease of use for the applicant, but can make it hard for the CCT. Specialists feel they lack examples of forms that are acceptable, for example, what sections to use from an FMLA form. Allowing specialists to “*use their adjudicative power*” can result in inconsistencies with what each specialist will fact find for, approve, or deny.
2. **Applying before the qualifying event occurs.** This happens often, and specialists said they have heard that some employers are encouraging their employees to apply ahead of time or customers are being misinformed that they should apply ahead of time.
3. **Hours and wages not being reported or being reported incorrectly,** which requires fact finding for specialists and causes frustration for the applicant. One idea that specialists had was that when a customer applies, their hours/wages prepopulate the application, allowing them to review if they think it is correct, or not. If it isn’t, they could be prepared to upload pay stubs prior to the first review.
4. **What to expect if a redetermination is requested.** Specialists expressed that customers often submit a request for review because they have unanswered questions. They may also submit a request for review multiple times because they aren’t sure it went through. One idea that specialists had is to create the functionality to send a confirmation email to the customer when they submit a request for review, detailing how long they can expect the process to take. Another is to limit the number of requests for review that customers can submit at a time.
5. **How to answer the questions on the weekly claim questionnaire.** One idea that specialists had is to make it a requirement to watch the weekly claims video as part of the benefit application process. As it is, they claim it is hard for customers to find on the website.

For a complete list of the topics discussed during the focus groups, including key process improvement themes and policy clarifications, see [Appendix D](#).

Conclusion

The purpose of this study was to uncover common challenges experienced during the benefit application process. It is our hope that this study provides useful insights into opportunities to streamline the application, redetermination, and weekly claims processes, and better support customers in accessing the benefit. Thank you to the Customer Care Team Specialists who participated in our discussion groups and provided valuable ideas for improving processes, communication, training, and resources.

The key takeaways from this study are:

1. The benefit application and weekly claims processes can be difficult to navigate, especially during an already stressful and challenging time. This study provides a first look at the specific demographic and employment characteristics of customers with the lowest rates of approval with receipt of benefits, and the highest rates of denial and of approval without receipt of benefits.
2. There were 4,773 claims in the sample that were denied because the customer did not meet the 820 hours worked requirement. Some workers truly may not have been eligible. However, at least 1,000 claims were denied for not meeting the 820 hours requirement because they were missing wage information. These customers did not upload alternative documentation. Given this, increasing the completeness and accuracy of employee wage reporting will likely have a substantial positive impact on benefit customers.
3. Input from customers and CCT specialists allude to the complexities of and the opportunities to streamline the application process. Given that the two main reasons a claim may be denied are insufficient medical certification forms and not meeting the 820 hours worked requirement, qualifying event documentation and employment verification are two areas of the application process that could benefit from further process improvement study.
4. Concurrently, the findings from the customer survey and CCT specialist focus groups suggest that the weekly claims questionnaire and weekly claims process could benefit from further process improvement study.

In the future, we'd like to explore the following research questions related to this study:

- Do certain demographic groups experience claim denial reasons more commonly than others? For example, are customers ages 60+ who apply for medical leave and are denied failing to provide sufficient medical certification or failing to meet the hours worked requirement? Are customers being denied because they aren't eligible or because they fail to provide the information needed?
- What are the challenges that those whose primary language is not English experience during the benefit application process? Do they differ from that of all applicants?
- How can the benefit application and weekly claims questionnaire be improved?
- Who are the customers who interact with both Paid Family and Medical Leave and Unemployment Insurance?
- How can the medical leave for pregnancy and childbirth to bonding transition be improved?

Washington
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- What sorts of communication and training are most effective for employers?
- What proportion of the Washington worker population is eligible to receive Paid Family and Medical Leave benefits and experiences a qualifying event each year?

Appendix

Appendix A: Customer Survey

Paid Family and Medical Leave Survey

We would like to understand more about why you applied for but have not received Paid Family or Medical Leave benefits. Your responses will help us understand any challenges you experienced so we can better support you in the future and make improvements to our program.

1. What month were you approved to receive paid leave benefits?
Dropdown list, pick one: MONTH
2. Why did you apply to receive paid leave benefits? (choose one)
 - a. To bond with a newborn child
 - b. To bond with an adopted or foster child
 - c. To care for a family member with a serious health condition
 - d. To recover from childbirth or my own serious health condition
 - e. To care for or spend time with a family member who is in the military
 - f. Don't know
3. Why haven't you received paid leave benefits? (choose the option that best describes your situation)
 - a. I did not receive notice of approval to take leave in time and had to return to work.
 - b. I was worried I might lose my job or experience some other negative employment consequence.
 - c. I received other paid time off or government benefits, such as Unemployment Insurance.
 - d. I could not afford to take time off work - the weekly benefit was not enough to cover my expenses.
 - e. I was able to make alternative work arrangements.
 - f. I was needed at work and could not take time off.
 - g. I postponed treatment for own health condition, or my family member postponed medical treatment.
 - h. I wanted to save my leave.
 - i. I was unable to file a weekly claim.
 - j. I did not know I was supposed to file a weekly claim to receive benefits.
 - k. The process was too difficult to handle during an already stressful or challenging time.
 - l. I was able to make alternative care arrangements for my child or family member.
 - m. Other – write in
4. If you were to experience a family or medical event in the future, would you be likely to apply to receive paid leave benefits again? (choose one)
 - a. Yes
 - b. No

5. Why or why not?
Write in

6. Are there any other issues that weren't mentioned above or that impacted your decision not to file a weekly claim to receive benefits that you would like us to know about?
Write in

7. Would you be willing to participate in a brief interview with a Paid Leave member so we can learn more about your experience?
Yes/No

8. If yes, please provide your name, email address, and phone number, and we will reach out to talk with you soon.

.....
The following questions are optional and will help us learn a little bit more about you.

9. What is your age? Choose one.
 - a. 17 or younger
 - b. 18-29
 - c. 30-39
 - d. 40-49
 - e. 50-59
 - f. 60+

10. What is your gender identity? Choose one.
 - a. Male
 - b. Female
 - c. Nonbinary
 - d. Prefer not to say

11. Which of the following best describes your ethnic heritage? Check all that apply.
 - a. White
 - b. Black or African American
 - c. American Indian or Alaska Native
 - d. South Asian or South Asian American
 - e. East Asian or East Asian American
 - f. Southeast Asian or Southeast Asian American
 - g. Native Hawaiian or other Pacific Islander
 - h. Hispanic or Latinx
 - i. Middle Eastern or Arab American
 - j. Prefer not to say

- k. Other – write in
12. What is your primary language? Choose one.
- a. Amharic
 - b. Arabic
 - c. English
 - d. Spanish
 - e. Farsi
 - f. Japanese
 - g. Khmer
 - h. Korean
 - i. Lao
 - j. Marshallese
 - k. Oromo
 - l. Punjabi
 - m. Russian
 - n. Somali
 - o. Tagalog
 - p. Ukrainian
 - q. Vietnamese
 - r. Chinese languages
 - s. Other write in
13. Approximately how many hours a week do you work in total?
- a. 20 hours or less
 - b. 21-39 hours
 - c. 40 hours
 - d. 41-60 hours
 - e. 61 hours or more
 - f. Not employed
14. Which of the following best describes your education level? Choose one.
- a. Less than high school
 - b. GED or High school diploma
 - c. Some college or associate's
 - d. Bachelor's degree or higher
 - e. Don't know
15. What is your annual income? Choose one.
- a. Less than \$50,000
 - b. \$50,000 - \$75,000
 - c. \$75,001 - \$99,999
 - d. \$100,000 or more

16. In what industry do you work primarily or the most hours? Choose one.
- a. Agriculture, forestry, fishing and hunting
 - b. Mining
 - c. Utilities
 - d. Construction
 - e. Manufacturing
 - f. Wholesale trade
 - g. Retail trade
 - h. Transportation and warehousing
 - i. Information
 - j. Finance and insurance
 - k. Real estate and rental and leasing
 - l. Professional and technical services
 - m. Management of companies and enterprises
 - n. Administrative and waste services
 - o. Educational services
 - p. Healthcare and social assistance
 - q. Arts, entertainment and recreation
 - r. Accommodation and food services
 - s. Other services, except public administration
 - t. Public administration
 - u. Don't know
17. I know you may not know the exact number, but if you had to guess, how many employees currently work for your employer in Washington state, including yourself? Choose one.
- a. 1 (self-employed)
 - b. 2-49 employees
 - c. 50 or more employees
 - d. Don't know

Appendix B: Customer Survey Respondent Demographics

What is your age?

	Respondents	Approved, But Never Took Leave
18 to 29	4%	14%
30 to 39	30%	33%
40 to 49	23%	21%
50 to 59	22%	18%
60+	18%	13%
Did not answer/unavailable	4%	-

What is your gender identity?

	Respondents	Approved, But Never Took Leave
Female	59.5%	56%
Male	39%	43%
Nonbinary	-	0%
Prefer not to say/did not answer	1.5%	1%

Which of the following best describes your ethnic heritage? Check all that apply.

	Respondents*	Approved, But Never Took Leave
American Indian or Alaska Native alone	0.7%	.5%
Black alone	5.1%	4.6%
East Asian alone	2.2%	2%
Latinx alone	10.3%	13.6%
Middle Eastern alone	0.7%	0.2%
Native Hawaiian/Other Pacific Islander alone	0.7%	1.7%
Other	0.0%	5.2%
Prefer not to say/did not answer	11.0%	3.5%
South Asian alone	5.1%	2.6%
Southeast Asian alone	3.7%	3.5%
White alone	66.2%	62.6%

*Percentages don't sum to 100% because respondents could pick more than one racial-ethnic identity.

What is your primary language?

	Respondents
Amharic	1%
Arabic	0%
English	84%
Spanish	3%
Farsi	0%
Japanese	0%
Khmer	0%
Korean	1%
Lao	0%
Marshallese	0%
Oromo	0%
Punjabi	0%
Russian	1%
Somali	0%
Tagalog	2%
Ukrainian	0%
Vietnamese	0%
Chinese languages	0%
Other (please specify)	2%
Did not answer	5%

Approximately how many hours a week do you work?

	Respondents
20 hours or less	2%
21-39 hours	13%
40 hours	50%
41-60 hours	24%
61 hours or more	1%
Not employed	4%
Did not answer	5%

Which of the following best describes your education level?

	Respondents
Less than high school	1%
GED or High school diploma	10%
Some college or associate's	45%
Bachelor's degree or higher	41%
Did not answer	4%

What is your annual income?

	Respondents
Less than \$50,000	27%
\$50,000 - \$75,000	29%
\$75,001 - \$99,999	21%
\$100,000 or more	18%
Did not answer	5%

In what industry do you work primarily or the most hours?

	Respondents
Agriculture, forestry, fishing and hunting	1%
Mining	0%
Utilities	1%
Construction	4%
Manufacturing	7%
Wholesale trade	0%
Retail trade	7%
Transportation and warehousing	4%
Information	6%
Finance and insurance	5%
Real estate and rental and leasing	0%
Professional and technical services	7%
Management of companies and enterprises	0%
Administrative and waste services	0%
Educational services	7%
Healthcare and social assistance	33%
Arts, entertainment and recreation	1%
Accommodation and food services	3%
Other services, except public administration	4%
Public administration	3%
Don't know	1%
Did not answer	7%

I know you may not know the exact number, but if you had to guess, how many employees currently work for your employer in Washington state, including yourself?

	Respondents	Approved, But Never Took Leave
Small employer (49 or fewer employees)	13%	11%
Large employer (50 or more employees)	74%	75%
Don't know	9%	N/A
Unavailable/did not answer	5%	14%

Appendix C: CCT Specialist Focus Group Protocol

June 2021

Focus Group Sessions

Paid Family & Medical Leave Specialists

Introduction

We would like to hear more about what your day to day is like to learn what is working and where there might be room for improvement.

We'd like to record this session for transcription, so that we can refer to it for our analysis. Is that okay, and would it be okay if we quoted you, if we don't identify you?

Focus Group Questions & Structure

1. Opening questions:
 - a. *Walk us through your day-to-day process and workflow*
 - i. *Describe happy path vs complicated case*
2. Key Questions
 - a. *How do CCT teams work together? How do you collaborate and exchange information?*
 - b. *Which part of the process takes the most time? What can be done to shorten it?*
 - c. *What is something you wish you knew about the adjudication process when you started?*
 - d. *What is a good "hack" you found that makes your job easier?*
 - e. *Are there certain steps in the process that cause hang ups for some customers and not others?*
 - i. *Where do you think customers get the most confused in the application process?*
 - ii. *What resources/tools do you use the most to accomplish your job? Why are they useful? What tools don't you use?*
3. Closing questions
 - a. *If you had a magic wand, what are two things you would fix?*
 - b. *Is there anything we should have talked about, but didn't?*

Appendix D: A complete list of topics discussed during the CCT Specialist Focus Groups

Key Process Improvement Themes

- 1. Specialists emphasized the need to streamline the process and make it easier for customers to navigate.** They also recognized that it is a new program that has grown a lot and quickly, and with that comes many policy changes and clarifications. The claims adjudication process is complex, with many gray areas, and they spend a lot of time searching for answers to one-off, unique situations and recent policy changes. Within these gray areas, they've noticed that there is a lack of common understanding across teams:

"Across the board for applications, weekly claims, redeterminations, anybody that you ask – you might get – how many teams are there? There are 15 different teams, 15 different SDMs, 15 different leads. Everybody has a different answer for processes. Clarification, communication, policy, all of those things are problematic."

- 2. Many specialists expressed that there was plenty of resource sharing within their teams, but not necessarily across teams.** They had several ideas for tools and resources they would be helpful to them, including:
 - **A chronological list that details all the recent policy changes** in the same place.
 - **More email templates.** There is a lot of confusion among specialists about what they can send in an email without divulging any personally identifiable information, beyond the templates provided. They feel the existing templates are too generic and often get passed over by the customer. They expressed it would be helpful to have email templates, like the ones that already exist in letter form, for the following situations: 1) verification of leave types for new parents who may be eligible to take medical and family leave and who apply in the wrong order, 2) birth verification or missing birth certificate, 3) qualifying event documentation (to show the event occurred), and 4) fact finding for good cause to backdate.
 - Many specialists expressed that **the case note template has been extremely helpful** to standardize notes.
 - Many specialists expressed that **OneNote has been a very helpful tool** because it is customizable, you can share it with other specialists, and you can search within others' notebooks. Specialists feel **it would be useful to have more training on how to leverage OneNote with emphasis on sharing notebooks across teams.**
- 3. Finally, they expressed frustration with the structure of their workdays,** including:
 - The lack of a consistent schedule from week to week, with phone time occurring at different times of the day, making it difficult to establish a routine.
 - The one- to two-hour chunks of phone time scheduled in the middle of the day does not feel like the most efficient use of time.
 - Having to stop and take call backs during phone time is very time consuming. It results in having to constantly stop and switch gears and takes time away from processing applications.

Complete List of Topics Discussed

Benefit Applications	
Employers	<ul style="list-style-type: none"> - Missing hours and wages - Customers are being told by their employers to apply for benefits before their qualifying event occurs. Customers don't understand, and there's a lack of employer education.
Common hang ups in the application process	<ul style="list-style-type: none"> - Short-term disability companies require employees to apply for Paid Family & Medical Leave benefits before they can file a short-term disability claim. Employees think what they submitted to SDI will also work for Paid Leave, which is not always the case. - Because of the broad range of documents we accept as medical certification, customers aren't submitting the right documents, which requires specialists to fact find. Sometimes, they can get them on the phone and help them upload the correct documents, but a lot of times, they leave a message and never hear back. - Customers have to wait too long to speak to a specialist. Once they do get through, they don't want to let the specialist go. It results in a lot of walking people through the application process over the phone. - Is there a way to relax the qualifying event requirements so that customers can fill out their forms prior to the event, when possible? This is a huge point of confusion for many customers. They often submit prior to their event. - When customers submit a request for review, there is nothing that tells them that request has gone through. As a result, they call to make sure it was received or they click the button multiple

	<p>times, which creates another case in the queue and in turn delays their application further. There should be a way for the system to send customers a notification that we have received their request and what to expect during the process.</p> <ul style="list-style-type: none">- Can we resolve some issues related to redeterminations over the phone? Specialists understand there are separate teams working on redeterminations, but, for example, there are many customers who call in to request a review to get an extension and this is easily resolvable over the phone.- When someone's claim year starts over, they have to provide new ID verification, a new medical certification (even if the previous medical certification covers the dates outside the claim year). The system lets them submit a new application but doesn't tell them they need to upload these items again, which creates the need for specialists to call and tell them.- How can we better use the application as a tool to gather the information we need to process their application?<ul style="list-style-type: none">o For each individual employer, ask if there was any range of time they did not work, received unemployment, or used sick or vacation so that when specialists are looking at hours and wages, they don't have to call to get that information. It's already in the application.o Could we add a question to the application that is open-ended – is there any additional information you want us to know (that isn't obvious on the application)?
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<p>Medical Certifications</p>	<ul style="list-style-type: none"> - Customers will submit a doctor’s note as medical certification, which excuses them from work, but does not state the serious health condition. - Materials provided don’t include the leave dates. - Serious Health Condition Form – could we make this into one page? So often, customers will upload only the second page with the doctor’s signature, and specialists will have to call to request they reupload it with both pages (to include their own signature). - When intermittent leave use is indicated on a medical certification, some specialists are approving intermittent leave extensions when the employee is released for light duty without the required employer documentation, which requires more factfinding.
<p>Weekly Claims</p>	<ul style="list-style-type: none"> - Many customers call in because their weekly claim was denied, and they need to correct it. There are a few questions on the weekly claims questionnaire that are confusing to customers, including: <ul style="list-style-type: none"> o Question 1: Did you or will you receive workers’ compensation or unemployment insurance benefits for the time period for which you’re requesting leave? <i>Many customers aren’t familiar with workers’ compensation and it doesn’t mention Labor & Industries. They assume it means compensation from their employer. Could we add a question mark that specifically mentions L&I?</i> o Question 2: Hours worked during the period. <i>Customers will often respond with how many hours they would normally work, not</i>

	<p><i>what the hours they actually worked.</i></p> <ul style="list-style-type: none"> ○ Question 3: Hours you were or will be paid for time off from your employer that is not considered a supplemental benefit payment during this period. <i>The question mark with a link to 'what does this mean' is helpful, but there should be more explanation of what supplemental benefits are.</i> ○ Question 5: Have you experienced a change that could impact the duration of your leave? <i>Could we take this question out or make it open-ended? People answer yes all the time, which delays processing on a claim that wouldn't normally be delayed. There is not currently a place for customers to provide notes or additional context to their weekly claim.</i> <ul style="list-style-type: none"> - Many customers have not seen the weekly claim video. It is hard to find on the website. Can we make it a requirement that customers must watch this video as part of the benefit application process?
Customer Care Team Specialist Internal Issues? Need a better name for this category.	
<p>Points of Policy Clarification</p>	<ul style="list-style-type: none"> - There is confusion among specialists about the order in which benefit applications and redeterminations should be processed. For example, when a customer applies for medical and bonding at the same time, but the qualifying event has not occurred yet. They get a soft denial for their medical claim, which turns into a redetermination. Do you process the bonding claim while the medical claim is going through the redetermination? Do you wait for the medical claim to be approved before you approve the bonding claim?

	<ul style="list-style-type: none"> - There is confusion among specialists about what date to use on adoption paperwork when adjudicating bonding claims for adoptions. - For medical certifications that are filled out for both interval leave and consecutive leave – specialists aren’t reading the medical duration properly, resulting in leave shortages and customers having to wait an additional four weeks for an extension that could have been incorporated into the approved leave duration at the time of application. Are specialists supposed to approve through the date that customers are released to return to work, or the date that they expect to return to work and use leave intermittently? - For medical certifications related to cosmetic or plastic surgery. One specialist said a customer couldn’t be approved for leave unless they provide an explanation of benefits showing the surgery was covered by insurance. Another specialist was told that as long as it doesn’t say “cosmetic surgery,” it should be approved.
CRM	<ul style="list-style-type: none"> - Could we create a function that notifies or alerts specialists when a new email is received, a new document is uploaded, etc? - Could we create a home or landing page that summarizes all the information for a given applicant? It would include one page with all the claims that have been filed, all the notes from each application, etc.
Cross-team Collaboration & Communication	<ul style="list-style-type: none"> - Specialists share within their teams, but not outside of their teams. - There is a lot of hesitation to reach outside of your team. - Some specialists expressed that because the division has grown so much and so

	<p>quickly, it is hard to know who is a lead or a Service Delivery Manager, or who to go to with questions.</p>
<p>Tools/Resources</p>	<ul style="list-style-type: none"> - It would be nice to have more email templates for one-off or unique situations. Often times, specialists aren't able to get ahold of customers over the phone and they don't have the email template that communicates what they need, so they end up having to send a letter which delays the application process further. - Many specialists expressed that the case note template in OneNote has been extremely helpful to standardize notes. - There are a lot of resources on SharePoint, such as the team maps, that are not readily available or that specialists maybe are not aware of. - Many specialists expressed that OneNote has been a very helpful tool because it is customizable. It is also helpful because you can share it with other specialists and search for answers if a live person is not available when a question arises. There should be more training for all specialists on how to use OneNote and how to share it across teams. - It would be helpful to have a written resource that details all the policy changes in chronological order.
<p>Workflow and Work Schedules</p>	<ul style="list-style-type: none"> - Many specialists expressed that not having a regular schedule from week to week can be really difficult for establishing a routine. - They also expressed that the one- to two-hour chunks of phone time scheduled in the middle of the day did not feel like the most efficient use of their time. They would prefer a chunk of time either at the beginning or end of the day or that it be more consistent.

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	<ul style="list-style-type: none">- In addition, they expressed that having to stop and take call backs during phone time is very time consuming. It results in having to constantly stop and switch gears, and takes time away from processing applications.
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Appendix E: Weekly Claims Questionnaire

Provide Weekly Claim Information

Week Start Date 12/15/2019	Week End Date 12/21/2019
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Questionnaire

Answer the below questions and click on "Submit" to certify your weekly claim.

Did you or will you receive workers' compensation or unemployment insurance benefits for the time period for which you're requesting leave?*

Yes No

Hours worked during this period:* ⓘ

Hours you were (or will be) paid for time off from your employer that is not considered a supplemental benefit payment during this period:* ⓘ

Have you missed at least 8 consecutive hours of work during this week?* ⓘ
 Yes No

Have you experienced a change that could impact the duration of your leave?*

Yes No

Paid Family and Medical Leave may share and receive information about you (or your claim) with other agencies, departments, or your employers. We may need to verify information you provide and may request additional information as needed.

If you misrepresent yourself, or knowingly withhold information from us, it will be considered fraud. If you provide inaccurate information, we may deny your benefit application or require that you pay back benefits you were given. You could face fines or criminal prosecution.

I consent to the disclosure of my information and agree to answer the application questions truthfully.

Washington
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Employment Security Department
WASHINGTON STATE

The Employment Security Department is an equal opportunity employer/program. Auxiliary aid and services are available upon request to individuals with disabilities. Language assistance services for limited English proficient individuals are available free of charge. Washington Relay Service: 711