Human Services—Systems to Manage the Assured Income for the Severely Handicapped (AISH) Program

SUMMARY

A disability, whether physical or cognitive or due to a mental health diagnosis, can prevent someone from earning a living. The Assured Income for the Severely Handicapped (AISH) program exists to help Albertans with disabilities support themselves and their families.

Run by the Department of Human Services, AISH provides eligible applicants with financial and health benefits. The main financial benefit is a monthly living allowance of up to $1,588, although there are also other benefits available, such as support for childcare and children's education.

Applicants demonstrate their eligibility by submitting an application form and supporting documents. The application form and accompanying medical form ask about the applicant's financial circumstances and disability, which are the main factors the department considers in determining eligibility and level of benefits under AISH.

The AISH program serves over 50,000 Albertans by providing almost $1 billion in benefits annually. It is the second largest program Human Services delivers, administered by approximately 330 staff and having an annual operating cost of $33 million.

What we examined

We examined the department's systems and processes for ensuring the program is easily accessible to eligible Albertans and how it applies clearly defined criteria in compliance with legislation and policy when making eligibility decisions.

We looked at the entire application process, starting with the application form, channels of connecting an applicant to the program, and the intake process. We examined the various systems related to initial eligibility decisions, from the department's systems to monitor the processing of applications to the systems that impact initial eligibility decisions.

We also examined the department's systems to measure, monitor and report on key activities of the program.

Overall conclusion

The department is unable to demonstrate that the AISH program is efficient. The AISH application process favours people who are good at completing forms and are persistent. Assessing eligibility takes too long, and the department cannot be sure its staff's decisions are consistent. With its existing reporting process, the department does not know what it needs to change to improve the program.

What we found

Our findings fall into three areas:

i) Accessibility
- access to the AISH program through the existing intake process is complex and is not supported by user-friendly guidance and resources

ii) Eligibility
- the department does not have standards to regularly monitor its application processing times against
- AISH workers have to use considerable judgment in their assessment of applications and receive inadequate training and guidance
- the department treats applicants and clients differently in respect to "earning a livelihood"[1]

iii) Reporting
- the department has inadequate performance measures and processes to monitor and report on the operating efficiency of the AISH program

What needs to be done

The department should:
- ensure its application processes are user friendly
- set service standards for application processing times and regularly monitor against these standards
- improve procedures and guidelines to ensure staff apply policy in a consistent manner
- improve its processes to measure, monitor and report on the efficiency of the AISH program

Why this is important to Albertans

When someone has a disability that limits their ability to work, they need income to meet their basic needs. If the department does not have systems to ensure AISH workers consider applications in a consistent and timely manner, there is a risk that the people who need support do not receive it, or receive it too late.

AUDIT OBJECTIVE AND SCOPE

Our audit objective was to determine whether the department could demonstrate:
- services provided are accessible to eligible Albertans with disabilities
- eligibility decisions are timely and align with program objectives
- the program is efficient

We interviewed staff, conducted surveys, and reviewed records, data and reporting to understand the following key activities of the AISH program:
- accessibility
- initial eligibility assessment
- measuring, monitoring and reporting

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[1] The AISH policy defines "earning a livelihood" as follows: "Applicants and clients must seek or accept reasonable employment for reasonable wages, within their ability. Earning a livelihood means being employed a minimum of 30 hours per week at a reasonable wage. Reasonable wage means minimum wage or a wage agreed to under a permit for employment for persons with disabilities."

We did not test the department's systems and processes for assessing ongoing eligibility requirements or efforts made under the Human Services integrated service delivery model.

We conducted our field work from February to August 2016 and examined records and activities for the period between January 1, 2014 and June 30, 2016. We substantially completed our audit on September 6, 2016. Our audit was conducted in accordance with the *Auditor General Act* and the standards for assurance engagements set out in the CPA Canada Handbook—Assurance.

BACKGROUND

Ministry of Human Services

The 2016–2019 Business Plan of the Ministry of Human Services states that the ministry exists "to improve quality of life for all Albertans by ensuring that all Albertans have the resources and skills to optimize their quality of life, that they are protected and safe in their homes and communities and that they are enabled and empowered to be successful."[2]

AISH program

The Ministry of Human Services provides services and supports for adults with disabilities, including the AISH program. The program is governed by the following legislation:
- *Assured Income for the Severely Handicapped Act*
- *Assured Income for the Severely Handicapped General Regulation*
- *Applications and Appeals (Ministerial) Regulation*

AISH provides financial assistance to adult Albertans with a permanent disability that substantially limits their ability to earn a livelihood. Applicants who meet financial and medical thresholds may receive a monthly living allowance, a child benefit, health benefits and personal benefits. The objective of the program is to provide financial benefits to assist clients with their living needs and with living as independently as possible. Personal benefits help AISH clients with extra monthly or one-time expenses.

Outcome two of the 2016–2019 Human Services Business Plan is: "Albertans receive higher quality programs and services that are more coordinated, seamless and tailored to their needs to maximize their potential." Of the key strategies for achieving outcome two, the following is applicable to the AISH program:[2]
- 2.5: Through evaluation, quality assurance and performance management, promote effectiveness, accountability and transparency of Human Services programs and services.

Human Services Internal Audit (HSIA) regularly reviews the AISH program and provides internal audit reports to the executive team. The 2015–2016 internal audit plan has two AISH compliance audits scheduled: appeals and annual audit of client files.

In 2005, the MLA AISH Review Committee released a final report with recommendations for renewing the AISH program. The committee made recommendations after receiving and reviewing input from over 18,000 Albertans, including over 10,000 AISH clients. Recommendations related to accessibility included:[3]

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[2] Ministry of Human Services 2016–19 Business Plan, http://finance.alberta.ca/publications/budget/budget2016/human-services.pdf.
[3] Renewing AISH: Report and Recommendations of the MLA AISH Review Committee, February 2005.

- AISH staff meet with clients periodically to identify supports and services to assist clients in moving toward independence
- improve client service delivery, including streamlining the application process
- partner with disability organizations to provide ongoing training for AISH staff
- work collaboratively with partners to better coordinate government supports and services for persons with disabilities

The government accepted the MLAs' recommendations and in May 2007 responded by publicly reporting[4] some but not all of the recommendations that resulted in changes made to the program.

AISH benefits

Eligible clients may receive the following benefits:
- a maximum monthly living allowance of $1,588, or for clients who live in a facility (for example, a nursing home) a maximum monthly modified allowance consisting of an accommodation rate plus a maximum personal allowance of $315
- health benefits for themselves, a cohabiting partner and dependent children, including dental, optical, prescription drugs, essential diabetic supplies, emergency ambulance services and exemption from the Alberta Aids to Daily Living co-pay fee
- specific one-time or ongoing expenses over and above the monthly living allowance or modified living allowance

Human Services delivery integration

The Department of Human Services is moving toward a common integrated service delivery model for some of its programs, including AISH. This new plan will see common access to Human Services programs to better connect Albertans to services they need, whether they are accessing services in-person, over the phone or online.

FINDINGS AND RECOMMENDATIONS

Accessibility process

BACKGROUND

An application form is a critical tool a service delivery program uses for accessibility. According to a guide published by CCAF[5] detailing the factors affecting application processes, clear instructions for an application form have a direct effect on the efficiency of an application process, resulting in:
- applicants completing the form more quickly
- lower error rates
- faster processing times and reduced processing costs
- less time spent by staff answering questions from applicants and asking applicants for additional information[6]

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[4] Improving AISH: Explaining the Changes to AISH, May 2007.
[5] CCAF-FCVI Inc. is a Canada-based research and educational foundation for auditors; see http://www.ccaf-fcvi.com/.
[6] CCAF, Factors affecting the efficiency of application processes. http://focuson.ccaf-fcvi.com/application-processes-for-government-programs-or-licences/characteristics-of-application-processes/factors-affecting-the-efficiency-of-application-processes.aspx.

RECOMMENDATION 5: IMPROVE PROGRAM ACCESSIBILITY

We recommend that the Department of Human Services ensure its application processes are user friendly.

CRITERIA: THE STANDARDS FOR OUR AUDIT

For effective service delivery, the program should have a simple and easy to access intake process.

OUR AUDIT FINDINGS

KEY FINDING

Access to the AISH program through the existing intake process is complex and is not supported by user-friendly guidance and resources.

Intake process

Some Albertans applying to the AISH program have severe handicaps and may have difficulty obtaining the information and completing the forms that the application process requires. One of the recommendations in the MLA report was to improve client service delivery, including streamlining the application process. We expected the intake process to be simple and straightforward. We found the program has several accessibility barriers in the intake process:

- online resources for the application process are hard to find
- the application form is onerous
- there is inadequate pre-screening
- the process for triaging applicants is inefficient

Online resources

The AISH website contains general information about the program. However, we found locating key information for the application process difficult. For example:

- the "Eligibility for AISH" information page did not include information on some key eligibility criteria—specifically, limits on an applicant's income and assets—nor did it say where to find that information
- an email address or fax number for submitting applications was not provided
- a link to the application form on the "Applying for AISH" information page did not work—it linked to a page that did not exist

AISH application forms

Two application forms support the eligibility decisions of the program:

- the AISH application, which includes general, financial and medical information provided by the applicant
- one of three medical forms

Our review of the AISH application form found it to be onerous:

- there is redundancy in the form—some questions ask for the same information in different ways
- there is limited guidance on how to complete the form—the only help on the form is a checklist and a single sentence saying that an applicant with questions should call the nearest AISH office, and no office phone numbers or locations are given (the applicant has to search on the website to find contact information)
- the form does not clearly state key eligibility criteria—for example, applicants are asked to list their assets, but nowhere on the form does it say that the application will be denied if assets exceed $100,000 (this limit on assets is on the website but is difficult to find)

There are three possibilities for the medical form:
- medical report
- assessment of mental functioning
- functioning ability assessment

The AISH worker decides which of the three forms to give the applicant by assessing the applicant's description of their medical condition on the AISH application. The applicant then gives the form to their family physician to complete.

Many of the questions in the medical forms ask for information that the applicant already provided in the AISH application.

The three medical forms are quite similar to one another, and combining them would present an opportunity to shorten the application process. The applicant could use the single medical report immediately, without having to wait for the AISH worker to decide which one the applicant should use. Further, the medical section of the AISH application could then be shortened considerably, since one of its functions is to allow the AISH worker to decide which of the three medical reports to give the applicant.

Management informed us they perform the general and financial eligibility before sending the medical form to avoid applicants who are denied at the general/financial stage having to pay the fee for the physician to complete the medical form. From our testing, we found the program denies less than 1.5 per cent of applicants for general and financial eligibility reasons.

By requiring applicants to submit both forms at the same time, the department could prevent processing delays for 98 per cent of applications, and a typical applicant could save up to eight weeks in processing time.

Pre-screening process

The vast majority of application forms submitted are not checked for completeness as soon as they arrive at the office. Instead, an AISH administrative worker scans the newly arrived application forms into a queue for an AISH generalist to review. If the worker reviewing the application finds it to be incomplete, it will be returned to the applicant, who will have to update and resubmit it. Our sampling found AISH generalists returned 28 per cent of applications because they were incomplete and/or missing information.

The department has an opportunity to reduce timelines by reviewing applications for completeness as soon as they arrive.

Process for triaging applicants

The department has a "straightforward medical assessment" allowing applicants with certain medical conditions to have their medical eligibility review expedited upon submission of medical documents. While this process may allow the applicant to receive their benefit up to eight weeks earlier, they are still required to go through the same intake process as other applicants up to the point of medical review.

Medical conditions that the department will consider for the straightforward medical assessment include:

- moderate, severe or profound developmental disability diagnosis
- palliative or terminal prognosis
- organ transplant
- quadriplegia
- Down's syndrome
- severe brain injury

Applicants are also considered for the straightforward medical assessment if they have permanent residency in a facility, or if they are approved for permanent residency but are currently awaiting placement (e.g., in a hospital).

The program also has an abbreviated application form that can be used for palliative or terminal prognosis applicants. This abbreviated application process is shorter for the medical component as it only requires the physician to confirm the medical condition. Applicants are still required to pass the general and financial eligibility requirements. However, the form is neither available on the website nor even mentioned there. An applicant would know of this form only if they phoned the office and identified themselves as having a palliative or terminal prognosis or if someone told them about it.

We sampled from the palliative and terminal applications and found only 12 per cent had received the abbreviated application form. While all samples followed the straightforward process, 88 per cent had to complete the standard application form and did not benefit from the abbreviated form.

Timeliness of decisions is critical when applicants are in palliative care or have a terminal illness. We would expect the department to have a triage process for reviewing applications and expediting palliative and terminal applicants.

We looked at palliative and terminal applications submitted between January 2014 and June 2016 that were subsequently closed due to death. We found instances where approved applicants:

- did not receive the abbreviated application form
- received fewer benefits than they were entitled to
- died before receiving any financial or health benefits

IMPLICATIONS AND RISKS IF RECOMMENDATION NOT IMPLEMENTED

If the department does not improve its application process for the AISH program, Albertans with a severe disability will continue to have difficulty accessing the program and may not receive the supports they need.

Eligibility process

BACKGROUND

Consistent, efficient and accurate eligibility decisions are critical when they affect Albertans with disabilities.

The department must provide financial assistance to any applicant meeting the eligibility criteria for the AISH program. The criteria are set out in legislation, and the department has policy to interpret the legislation. One of the goals of the policy is to provide enough guidance on the legislation for staff to apply it consistently.

General and financial eligibility is determined through the AISH application and intake process, requiring the applicant to provide financial, personal and medical information (e.g., income and assets, marital status, family size, medical information, education, training and employment history).

If an applicant is financially eligible, the AISH worker sends the applicant the medical form to be completed. The applicant submits the required documentation for determining medical eligibility. An AISH worker then reviews the information provided and makes a decision based solely on the medical documentation received, without meeting the individual. AISH policy states department staff should not consider social factors in determining medical eligibility. The policy defines social factors as age, education, training and location.

Once an AISH worker has determined the applicant is eligible, benefits are retroactive to the date the applicant submitted all required medical documentation.

RECOMMENDATION 6: SET SERVICE STANDARDS AND IMPROVE ELIGIBILITY PROCEDURES AND GUIDELINES
We recommend that the Department of Human Services:

- set service standards for application processing times and regularly monitor against these standards
- improve procedures and guidelines to ensure staff apply policy in a consistent manner

CRITERIA: THE STANDARDS FOR OUR AUDIT

The department should have systems and processes so that eligibility decisions are equitable and applications are efficiently processed.

OUR AUDIT FINDINGS

KEY FINDINGS

- The department does not have standards to regularly monitor its application processing times against.
- AISH workers have to use considerable judgment in their assessment of applications and receive inadequate training and guidance.
- The department treats applicants and clients differently in respect to "earning a livelihood."
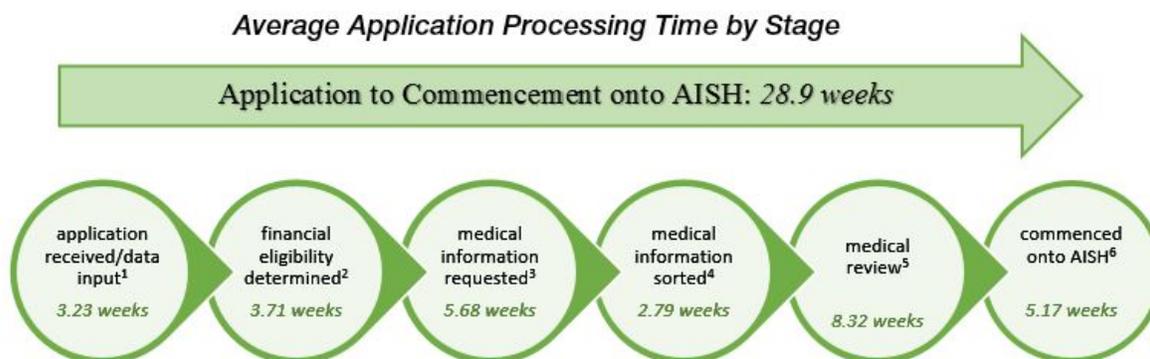
Regular monitoring

Timeliness of decisions

The department runs daily, monthly and quarterly timeline reports. However, this information is not monitored against standards, is used for informational purposes and focuses only on one area of the application process. In the past, management used these reports to streamline their processes.

We found that data captured in the department's timeline reporting was not reliable, as AISH staff are able to modify key dates in the system, altering the application timeline. For example, we observed that:

- some application processing times were negative as incorrect dates had been entered into the system
- some eligibility decision dates had been moved earlier (i.e., the decision date was changed to an earlier month)
- there were differences in the same timeline report when it was run in March 2016 versus when it was run in July 2016

We believe there are ways the department can shorten service timelines. The department actively monitors timelines for only one stage of the application, the medical review stage. There is no evidence the department has made shortening the entire processing timeline an areas of focus.

It takes on average 203 days from receipt of the initial application form to commencement on the program. We compiled this timeline based on system-captured data from applications submitted between January 2014 and June 2016. The diagram below provides an overview of the steps from application to commencement with the average time and various measures gathered during our analysis.

Average Application Processing Time by Stage

Application to Commencement onto AISH: 28.9 weeks

application received/data input[1]	financial eligibility determined[2]	medical information requested[3]	medical information sorted[4]	medical review[5]	commenced onto AISH[6]
3.23 weeks	3.71 weeks	5.68 weeks	2.79 weeks	8.32 weeks	5.17 weeks

1. AISH application is received and information is input into the system
2. financial eligibility is determined
3. medical form is sent to the applicant, who has it completed by a medical professional and then submits the completed form to AISH
4. AISH worker sorts the medical form and any other information received from the applicant and then sends it for medical review
5. medical review is completed
6. AISH worker meets with the approved applicant to sign the notice of eligibility and commence the applicant onto AISH

The department only considers the timeframe from receipt of the medical information to the medical review decision, as this is within their control. The other areas of the application processing timeline are reliant on the applicant. However, streamlining the application process would result in reduced application processing times.

Assessment of applications

Procedures to guide decisions

Reasonable consistency of eligibility decisions is necessary if applicants are to trust in the application process. We found that some aspects of policy in relation to eligibility required staff to make judgments, and there was insufficient guidance to staff on how to make those judgments.

Training

The department was not able to show they had provided adequate training to staff.

Efficient service delivery requires knowledgeable staff. The department recognized this need, and in 2015 created a training program with nine learning modules and a rollout plan for delivering the training to AISH workers. The department provided us its training tracker, but it was unable to provide evidence that staff had actually done the training or say when it was completed. This tool does not provide timely or sufficient information to assess the training needs of the program staff.

We reviewed the training manuals and concluded they would provide adequate basic training to all AISH staff. However, the training manuals do not provide enough guidance to minimize the subjectivity of staff assessing applications.

Non-compliance

Human Services Internal Audit (HSIA) has conducted numerous reviews of the AISH eligibility process. We assessed their work and concluded we can rely on their results to draw a conclusion.

HSIA has consistently found compliance errors in the eligibility process. While there tends to be some fluctuation in the number of compliance errors, overall there has not been a significant reduction year over year.

Management does have a process to review the recommendations of HSIA; however, implementing these recommendations has been ineffective as there has been no apparent improvement. This continual lack of improvement results in repeated errors at the eligibility stage, delaying benefits for applicants who need it most.

Communication to denied applicants

AISH applicants across the province do not receive consistent or complete information in the denial letters sent by the department. Each region has its own template with different information included. The letters do not clearly outline the appeal process or include a notice of appeal form, and they do not provide information detailing alternative support services available to the applicant.

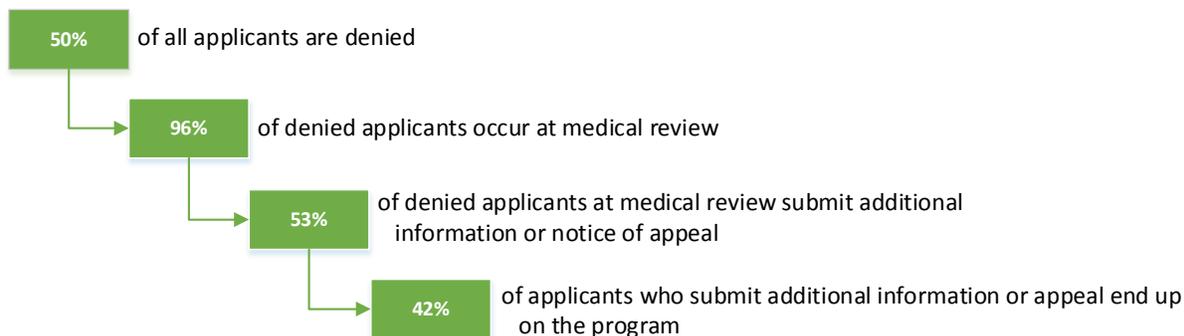We reviewed the templates and denial letters and found:
- some letters do not mention information on submitting additional documents for subsequent review of eligibility
- the appeal process is not clearly explained in the templates
- the appeal process and alternative support services are not clearly set out—this information blends in with other information near the bottom of the denial letter, where an applicant could easily overlook it

We would expect the department to provide the applicant with a clear and user-friendly letter outlining the reason for denial and what the next steps are, and to include an appeal form.

Appeals and administrative reviews

An applicant can initiate an appeal by submitting a notice of appeal or written request to AISH. An AISH administrative review occurs when an applicant submits additional information for reassessment to determine medical eligibility or when an appeal is requested. An AISH worker who did not make the original decision conducts an administrative review to try to resolve the issue informally. For those who submitted a notice of appeal, if an AISH worker does not overturn the decision at the administrative review phase, a date is set for an appeal hearing with an external appeal panel.

We reviewed the initial decisions for all AISH applications from January 2014 to June 2016 and identified:

50%	of all applicants are denied
96%	of denied applicants occur at medical review
53%	of denied applicants at medical review submit additional information or notice of appeal
42%	of applicants who submit additional information or appeal end up on the program

The department does not formally track or analyze specific reasons for denials or reasons for overturning denials.

The appeal panel acts independently of the AISH program, and although it uses the same legislation for appeal decisions, it bases its criteria on its own interpretation of the legislation. The appeal panel has the latitude to take into account social factors of an individual applicant when making its decision. While AISH staff use only a documentation review process to assess an application, the appeal panel and AISH meet with each applicant during the appeal hearing to give them the opportunity to clarify their individual situation.

The annual average cost of the appeal process is approximately $2 million.

From our analysis of appeals data we concluded there is a risk the program denies eligible applicants, given that 42 per cent who do appeal or provide additional information end up being approved. Further, not all those who are denied question the decision: only 53 per cent of denied applicants submit additional information or a notice of appeal.

We expected the department to use lessons learned from the appeal process results to increase the efficiency of its processing of applications and appeals, with the result of improving service delivery to its clients. However, the department does not capture relevant information to identify and act on these lessons.

Assessing "earning a livelihood" of new applicants

The AISH policy defines "earning a livelihood" as follows: "Applicants and clients must seek or accept reasonable employment for reasonable wages, within their ability. Earning a livelihood means being employed a minimum of 30 hours per week at a reasonable wage. Reasonable wage means minimum wage or a wage agreed to under a permit for employment for persons with disabilities." Legislation does not directly define "livelihood."

Under policy, AISH could deny an applicant working 30 hours per week. In contrast, an AISH client who is already part of the program is allowed to earn a livelihood working 30 hours a week. This example shows that AISH treats applicants differently than clients on the program with respect to livelihood considerations.

IMPLICATIONS AND RISKS IF RECOMMENDATION NOT IMPLEMENTED

Eligible Albertans may not be able to support themselves and may face unnecessary hardship while waiting for benefits. In addition, there is the potential that denied applicants are eligible and should be receiving benefits.

Reporting processes

BACKGROUND

Before an organization can know what it needs to improve to achieve desired outcomes, it must measure and analyze the results it is achieving.

The organization should:

- identify expected results and strategies to achieve the results
- create relevant performance measures for internal and external reporting
- set targets for the performance measures
- analyze the current results for the performance measures against the targets, as well as analyzing trends in relation to prior years
- identify ways to improve
- develop and implement a plan to improve
- report results in relation to desired outcomes, including lessons learned and plans for improvement
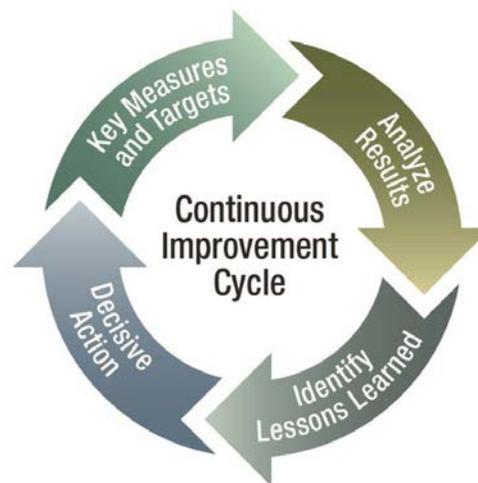
AISH has one publicly reported performance measure, the AISH quality-of-life index, and it has minimal internal performance measures.

RECOMMENDATION 7: IMPROVE REPORTING ON EFFICIENCY

We recommend that the Department of Human Services improve its processes to measure, monitor and report on the efficiency of the AISH program.

CRITERIA: THE STANDARDS FOR OUR AUDIT

The department should have systems and processes to regularly measure, monitor and report—internally and externally—on key activities.

OUR AUDIT FINDINGS

KEY FINDING

The department has inadequate performance measures and processes to monitor and report on the operating efficiency of the AISH program.

Measuring and monitoring

In the section on the eligibility process (starting on page 37) we reported inadequacies in the following aspects of the AISH program:

- the length of time to process applications
- whether staff comply with policy when assessing applications
- the number of denied applications that are overturned at appeal

The department does not have performance measures related to any of these aspects of the program. It therefore does not know what improvements are required. Further, the department does not measure performance from region to region.

We also observed several ways the monitoring processes are limited because of insufficient:
- use of numerical and statistical information to analyze the efficiency of the program
- established program service levels, efficiency targets and performance comparisons to similar organizations
- data management practices to ensure that information is valid and reliable—for example, staff can change dates on file, such as the date an application was approved
- reporting capabilities to monitor overpayments

The department does measure and set targets for the following:
- the number of activities each AISH medical review worker must carry out daily
- the number of calendar days to reach a decision on an appeal
- the quality-of-life index, taken from customer satisfaction surveys

External performance reporting

In recent years, the AISH program has reported a survey-based measure in ministry annual reports and Measuring Up[7] that has a narrow focus relating to financial assistance. A direct measure of organizational performance with a target such as eligibility decision time for AISH applications has not been included in a ministry or government business plan for over seven years, the last inclusion being in Budget 2007–2010, released in 2008.

Survey measures should rarely be an exclusive measure of performance, but rather used in conjunction with other measures that focus on whether the organization is achieving its goals and desired results.

Management commentary in recent annual reports has focused on survey results that are constant over time. We did not observe reporting on:
- performance measures other than the survey measure referred to above
- whether desired results are being achieved
- the costs related to specific components of the program

Other jurisdictions with programs similar to AISH have more robust reporting:
- the Ministry of Social Development and Social Innovation in British Columbia reports a performance measure for length of time to process applications
- the Health and Disability Complaints Office in Western Australia reports the following performance measures:
    - percentage of complaints closed within legislative time frames
    - average cost per finalized complaint
    - average cost per awareness raising activity

Other Alberta programs included performance measures relating to length of time for approving applications and processing appeals (see Appendix).

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7   http://www.finance.alberta.ca/publications/annual_repts/govt/2015-16/goa-2015-16-annual-report-complete.pdf

Performance management framework

In August 2014, the department developed a performance management framework for the ministry that includes the AISH program. The initial planned implementation date for the full ministry framework was the beginning of 2016, but the department has revised it to after March 2017. The department has prepared a draft logic model[8] for the area that includes the AISH program. The next step is developing performance measures.

The purpose of the framework is to enable the department to monitor and assess organizational performance and translate the resulting findings into plans for improvement.

The delays in implementing the framework will affect AISH management's ability to:
- monitor progress toward achieving desired results
- take corrective action
- improve the foundation for internal and external reporting

IMPLICATIONS AND RISKS IF RECOMMENDATION NOT IMPLEMENTED

In the absence of robust measuring, monitoring and results analysis reporting, management will not have adequate information to analyze performance and make required improvements to the program. In addition, management and stakeholders will not receive enough information to assess whether the program is achieving its desired results.

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[8] A logic model is a graphical depiction of the logical relationships between the resources, activities, outputs and outcomes of a program.

APPENDIX: PRIOR-YEAR BUSINESS PLAN MEASURES

Prior-year business plans for Alberta programs included performance measures relating to length of time for approving applications and processing appeals:

Ministry of Human Resources and Employment 2006–2009 Business Plan:
- Measure 7.a: Average number of days from the acceptance of an application to the date of the first hearing
- Measure 7.b: Percentage of applications, with board involvement, settled before reaching a formal hearing
- Measure 7.c: Percentage of decisions rendered within 90 calendar days from the completion of hearing(s)
- Measure 7.d: Percentage of decisions rendered within 180 calendar days from the completion of the hearing(s)
- Measure 8.a: Average number of days of processing time required by the Appeals Commission from the date the appeal is received until the appeal is finalized:
  – Standard appeals
  – Complex appeals

Ministry of Energy 2006–2009 Business Plan:
- Measure 6.a: Percentage of oil and gas facility and resource applications filed with objections resolved without a hearing

Ministry of Municipal Affairs 2006–2009 Business Plan:
- Measure 5.a: Percentage of claims where a member of the damage assessment team arrives on site within 30 days of a claim being received