

**GOODHUE COUNTY
HEALTH & HUMAN SERVICES (GCHHS)**



REQUEST FOR BOARD ACTION

Requested Board Date:	February 20, 2024	Staff Lead:	Nina Arneson
Consent Agenda:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Attachments:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Action Requested:	Review and approval of a <u>Temporary</u> Eligibility Worker - 67 Day or 14 Hour/Week.		

BACKGROUND:

The following request will be brought forward for the Goodhue County Personnel Committee's review on November 20, 2024 at 8:45 am:

- Temporary Eligibility Worker – 67 Day or 14 Hour/Week

RECOMMENDATION: GCHHS Department recommends approval as requested.



Goodhue County
Health and Human Services

426 West Avenue
(651) 385-3200 • Fax (651) 267-4882

DATE: February 14, 2024
TO: Goodhue County Personnel Committee
FROM: Nina Arneson, GCHHS Director
RE: **Temporary Eligibility Worker – 67 Day or 14 Hour/Week**

BACKGROUND:

Goodhue County Health and Human Services is requesting to add a temporary 67-day arrangement or 14 hour/week Eligibility Worker within our Economic Assistance – Income Maintenance unit for 2024.

In the past we have been able to use these temporary trained, professionals as needed within our HHS budget and we have not brought these positions forward for the County Personnel Committee and the HHS Board, but have managed it internally. With the County policy change, we are now bringing this forward to request to use this professional again within our HHS department. This is the same professional who we had this arrangement with during 2023 and is already trained with extensive experience as an Eligibility Worker, and is willing to help us out during this major undertaking.

The HHS Board did approve on September 20, 2022, two provisional Eligibility Workers to assist with the workload that was created after the Federal Public Health Emergency ended. This has been very helpful and appreciated by the agency, and our staff to assist with the additional workload during this transition period. There has been turnover in the provisional Eligibility Worker positions, as we have had to hire and train five workers during this period. Currently our Elderly Disabled Unit is 91 days out on documents waiting to be reviewed, which would include new applications, renewals and all supporting or miscellaneous documents, and as an agency we could greatly benefit having this worker join us again temporary to help out.

We are very thankful for all of our skilled, and caring HHS professionals who have been working diligently and as quickly as we can to process and support all customers with these significant renewals process. It should be noted that this huge, unprecedented undertaking has not been a smooth process in Minnesota with the numerous significant changes, directives and delays related to the State and Federal government.

After the Federal Public Health Emergency ended, the Minnesota DHS instructed Counties to do this additional work and various steps after the COVID-19 Public Health Emergency. This was an expected major work lift, and transition period for all County income maintenance work, which was also true in Goodhue County.

This work has included the following:

- Restarted of Health Care renewals for all active health care cases over 12-month period after PHE (Public Health Emergency) ends. The Renewal process will be new to many enrollees. As expected, Eligibility Workers have been responding to an increased volume of customer inquiries.
- Verification for all health care renewals complicated by discrepancies as enrollees may not have reported changes for the last 2 plus years. Eligibility Workers have done much additional follow-up to clarify discrepancies.
- Account Validation Service (AVS) was suspended during the PHE and Eligibility Worker have had to verify it on each all-Health Care renewal.
- The ability to close cases after PHE ended was restarted which resulted in additional client contact, re-application and appeals.
- Cases have been tracked during the PHE for adverse actions which the workers were not allowed to update until after PHE. These cases that have been tracked have needed to be updated in conjunction with the Health Care renewals.
- Many health care enrollees have accumulated assets that exceed the program limits. Those cases are all being reassessed according to direction from DHS.
- Transfer penalties have been also assessed for enrollees where an uncompensated transfer occurred during the PHE.
- Eligibility Workers have been following two sets of policies during the transition based on whether the renewal needs to take place, or not, along with all the numerous changes and directives that have been taking place during this time from DHS.
- Minnesota also conducts auto-renewals on a household, rather than an individual basis as required by CMS. DHS then had to put together a mitigation plan to comply with CMS. This has even added additional work to counties. Please see the slides below.

This temporary position has funding from the Minnesota Department of Human Services (DHS) of which HHS would receive approximately 47.05% Federal reimbursement through (Income Maintenance Random Moment Study (IMRMS); HHS has available funding from our Assigned Fund Balance for Provisional Eligibility Worker; and funding from Medical Assistance Enrollment allocation to counties that was approved by the legislature in 2023 to support medical assistance renewals to pay for this position. This position will not negatively impact on our county levy, or our HHS 2024 budget.

RECOMMENDATION:

The HHS Department recommends approving the following:

1. Move forward immediately to hire a previous temporary Eligibility Worker who has already been trained with significant experience.
2. Hire after GCHHS Board's review and approval.

Overview

Issue: Minnesota conducts auto-renewals (i.e., ex-parte renewals) on a household basis rather than an individual basis. In accordance with CMS guidance, states that do so must pause procedural terminations until a mitigation strategy can be implemented.

Impacted Individuals: Those impacted are individuals in multi-member households subject to renewal where individual household members on Medicaid have different eligibility requirements. For example, kids have higher income limits than adults.

Guiding Principle: Minnesota's guiding principle is to efficiently maintain coverage for eligible enrollees and transition those ineligible to other health care coverage options, while protecting the integrity of the program and conserving resources for other public priorities.

Minnesota's Approach



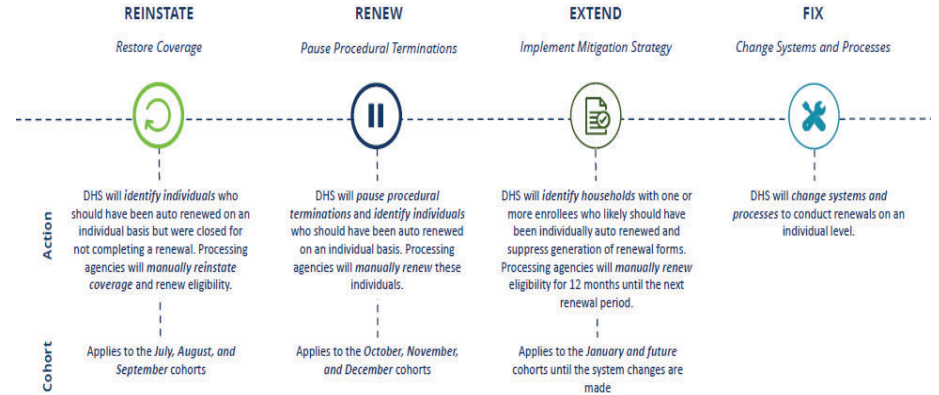
The approach will vary based on the status of renewal processing for each cohort.

1/9/2024

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2

Overview of Minnesota's Mitigation Plan 2.0



1/9/2024

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3

Key Considerations

- For Minnesota's Mitigation Plan 2.0, DHS broadly identified impacted individuals who likely should have auto renewed based on available data.
- DHS paused procedural terminations for the October, November, and December renewal cohorts for three (3) months for each cohort. This protects enrollees and allows processing agencies time to manually restore eligibility and renew coverage for affected individuals. This occurs at the same time agencies are also processing renewals received.
- Minnesota is working on system updates to fully support individual renewals. Mitigations will be in effect until these updates are completed.

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4

Minnesota's Mitigation Plan 2.0



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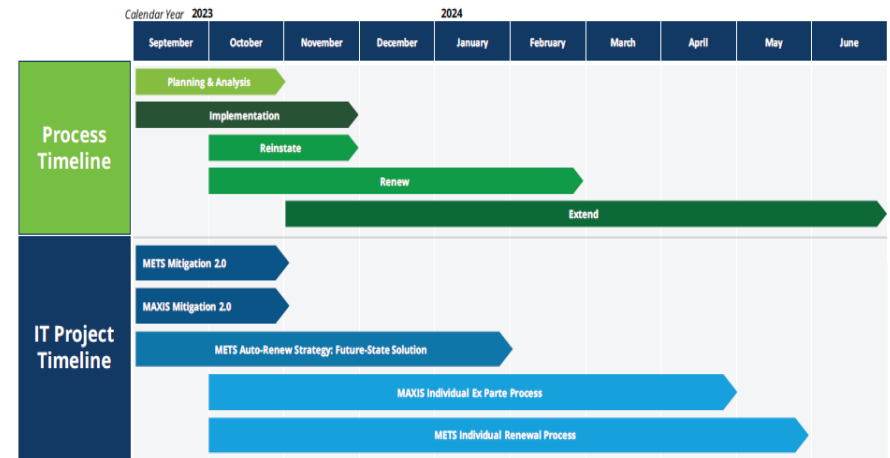
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5

IT Projects for Mitigation Plan 2.0

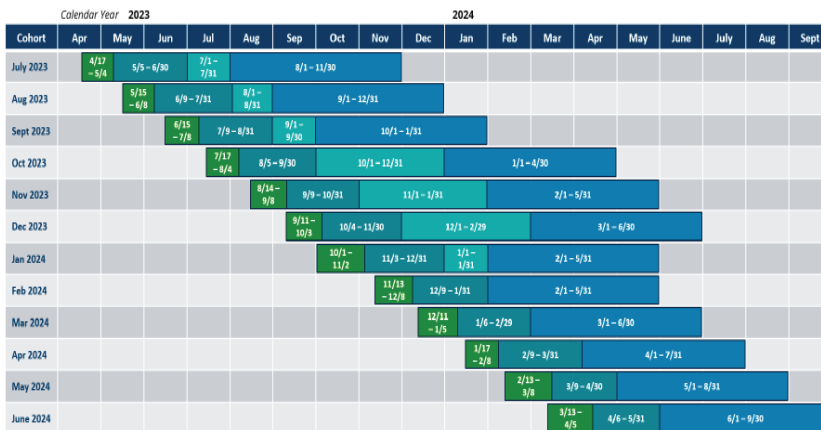
Project	Description	Go-Live Date	First Cohort	Status
METS Mitigation 2.0	Changes to METS to support the Mitigation Plan 2.0. The project will identify cases in which some household members should have auto-renewed, and it will suppress sending out renewal forms.	10/8/2023	January 2024	Completed
MAXIS Mitigation 2.0	Changes to MAXIS to support the Mitigation Plan 2.0. The project will modify the Ex-Parte report that is generated and sent to agencies. The updated report will identify individuals, not households, for workers to review for an ex-parte determination.	10/13/2023	January 2024	Completed
METS Automated Manual Passive Renewal	Changes to METS to automate the renewal of cases in which some household members should have auto-renewed on an individual basis per Mitigation Plan 2.0.	12/17/2023	January 2024	Completed
METS Auto-Renew Strategy: Future-State Solution	Changes to the METS renewal batches to implement new business rules for the auto-renew determination with the goal to increase the auto-renew rate. The new business rules follow an individual-based determination.	1/26/2024	April 2024	Active – On Track
MAXIS Individual Ex-Parte Process	Changes to MAXIS to support an individual-based ex-parte determination. This includes moving the data fields a worker enters for the ex-parte process to a person-based panel.	4/12/2024	July 2024	Active – On Track
METS Individual Renewal Process	Changes to METS to support individual-based renewals. This includes updating the non-batch components to fully support an individual-based auto renew determination.	3/10/2024, phase 1 5/5/2024, phase 2	June 2024	Active – On Track

Mitigation Plan 2.0 Timeline



METS Renewal Cohort Timeline

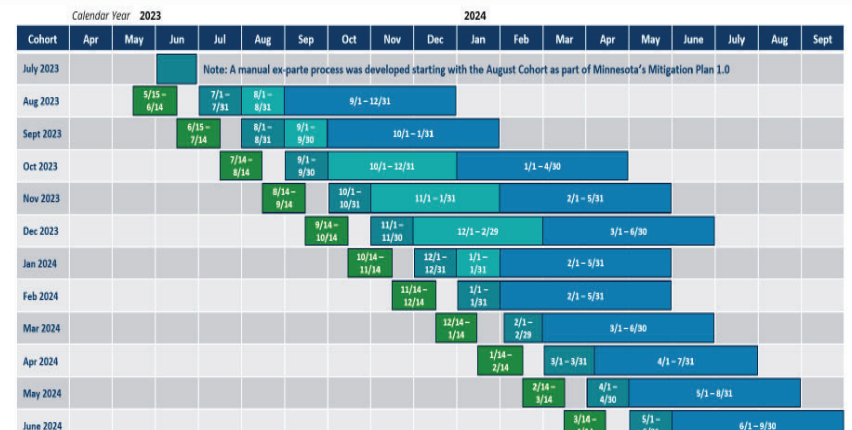
MA for families and children, MA for adults without children, and MinnesotaCare



Key: ■ Approx. System Processing ■ Renewal Processing ■ Extension & Renewal Processing ■ Reconsideration Period

MAXIS Renewal Cohort Timeline

MA for individuals who are blind, disabled, or aged 65 and older



Key: ■ Ex Parte Processing (Part I) ■ Renewal Processing ■ Extension & Renewal Processing ■ Reconsideration Period

Point of Importance



*DHS will continue to transition people off
Medicaid who are determined ineligible*