

1999 DRAFTING REQUEST

Assembly Amendment (AA-AB133)

Received: **06/7/99**

Received By: **yacketa**

Wanted: **As time permits**

Identical to LRB:

For: **Legislative Fiscal Bureau**

By/Representing: **Goldman**

This file may be shown to any legislator: **NO**

Drafter: **yacketa**

May Contact:

Alt. Drafters:

Subject: **Public Assistance - misc**

Extra Copies:

Pre Topic:

LFB:.....Goldman -

Topic:

Administration of CARES

Instructions:

See Attached

Drafting History:

<u>Vers.</u>	<u>Drafted</u>	<u>Reviewed</u>	<u>Typed</u>	<u>Proofed</u>	<u>Submitted</u>	<u>Jacketed</u>	<u>Required</u>
/1	yacketa 06/9/99	chanaman 06/9/99	martykr 06/10/99	_____	lrb_docadmin 06/10/99		
/2	yacketa 06/12/99	wjackson 06/12/99	haugeca 06/12/99	_____	lrb_docadmin 06/12/99		
/3	yacketa 06/14/99	wjackson 06/14/99	kfollet 06/15/99	_____	lrb_docadmin 06/15/99		
/4	yacketa 06/15/99	wjackson 06/15/99	jfrantze 06/15/99	_____	lrb_docadmin 06/15/99		

FE Sent For:

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/3	yacketa 06/14/99	wjackson 06/14/99	kfollet 06/15/99	_____	lrb_docadmin 06/15/99		

FE Sent For:

14 6/15 WJ

8/6/15

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/2	yacketa 06/12/99	wjackson 06/12/99	haugca 06/12/99	_____	lrb_docadmin 06/12/99		

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13 ulj 6/12

KJF
6/15

KJF/wlj
6/15
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1/2 Wlj 6/12

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1?	yacketa	cmr 6/9 /1	km/9	km/6 km/10			

FE Sent For:

<END>

HEALTH AND FAMILY SERVICES

MA Eligibility

Motion:

Move to transfer all responsibilities for MA eligibility, including administration of the CARES system, from the Department of Workforce Development to DHFS, effective March 1, 2000. Require the Secretary of the Department of Administration to submit a report to the Committee to be reviewed at the December, 1999, s. 13.10 meeting that would identify positions, funding and any other administrative issues that need to be considered as part of this transfer.

MO# *Lomb*
Burke *Burke*
Decker
Jauch
Moore
Shibilski
Plache
Cowles
Panzer

Gard
Porter
Kaufert
Albers
Duff
Ward
Huber
Riley

*10-6
Passes*



Soon
State of Wisconsin
1999 - 2000 LEGISLATURE

LRBb0583/1

TAY.....
cm 4
RMR

LFB:.....Goldman – Administration of CARES

FOR 1999-01 BUDGET — NOT READY FOR INTRODUCTION

LFB AMENDMENT

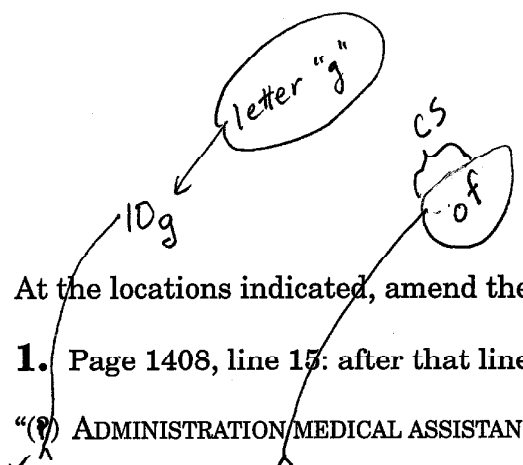
TO 1999 ASSEMBLY BILL 133 AND 1999 SENATE BILL 45

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11

At the locations indicated, amend the bill as follows:

1. Page 1408, line 15: after that line insert:

nonstatute. (3) ~~ADMINISTRATION~~ MEDICAL ASSISTANCE ELIGIBILITY. Notwithstanding section 49.33 (2) of the statutes, beginning on the effective date of this subsection, the department of health and family services shall administer the client assistance for reemployment system with respect to medical assistance. Not later than December 1, 1999, the secretary of administration shall submit a report to the joint committee on finance that specifies the position authorizations and funding increases needed to effect this subsection. The secretary shall also identify in the report any administrative issues that the committee should consider with respect to this subsection.”.



letter "g"

letter "g"

12g

10g

Effective
Date

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2. Page 1473, line 12: after that line insert:

ADMINISTRATION OF MEDICAL ASSISTANCE ELIGIBILITY. SECTION 9123 takes effect on March 1, 2000."

(END)



State of Wisconsin
1999 - 2000 LEGISLATURE

LRBb0583/2
TAY:cmh:km
and wj
RMC

SOON

LFB:.....Goldman - Administration of CARES

FOR 1999-01 BUDGET - NOT READY FOR INTRODUCTION

LFB AMENDMENT

TO 1999 ASSEMBLY BILL 133 AND 1999 SENATE BILL 45

(CS) + (B)
SECTION 997m.
CR; 46.03 (44) ✓

March 1, 2000,

1 At the locations indicated, amend the bill as follows:

2 1. Page 1408, line 15: after that line insert:

3 ~~1408~~ ADMINISTRATION OF MEDICAL ASSISTANCE ELIGIBILITY. Notwithstanding

4 section 49.33 (2) of the statutes, beginning on the effective date of this subsection,

5 the department of health and family services shall administer the client assistance

6 for reemployment ^{del. extra Δ?} system with respect to medical assistance. Not later than

7 December 1, 1999, the secretary of administration shall submit a report to the joint

8 committee on finance that specifies the position authorizations and funding

9 increases needed to effect this subsection. The secretary shall also identify in the

10 report any administrative issues that the committee should consider with respect to

11 this subsection.".

WFO:
Please
Fix
Component

**Medicaid Eligibility
DWD and DHFS Problem Areas
November 12, 1998**

1. Funding - DWD controls the funds while DHFS has the responsibility for Medicaid administration

Despite control of more than \$60 million in state and federal Medicaid administrative funds annually, and responsibility for providing financial support for Medicaid services under the terms of the MOU, DWD has indicated an inability to pay for basic functions in support of the Medicaid program. In order to meet basic program responsibilities, DHFS has had to find other funding sources to cover these costs.

To resolve this problem, DHFS proposes to transfer all Medicaid administrative funding from DWD to DHFS, so that financial and management responsibility are vested in the same place. DHFS will then authorize transfers of Medicaid administrative funding to DWD for specific services provided in support of the Medicaid program.

Background documentation

DWD – DHFS Memorandum of Understanding – this is the document currently guiding the division of labor between the two departments – it continues in force on a month by month basis until expressly ended by either Secretary.

Printing - Under the MOU, DHFS is to develop Medicaid policy materials (application forms, brochures, etc.) while DWD is to handle printing and distribution (item # 25). On a number of specific products, DWD staff advised DHFS staff that materials are obsolete and need to be updated; once revised, however, DWD staff has indicated that their operating budget is insufficient to cover the printing of updated Medicaid eligibility materials.

Application forms - beginning in 1/98 DHFS has paid for 1200 application forms per month to support the federal requirement that the state do an automatic redetermination of Medicaid eligibility for SSI recipients who lose their SSI benefits.

Brochures - DHFS had to pay for new brochures to inform applicants and recipients about the differences between W-2 and Medicaid.

Training of county staff - DHFS had to commit new funds to develop and provide training to county and W-2 agency staff about the significant policy changes that occurred with the TANF block grant, and to meet a backlog of training demands. Total cost of this training effort is \$1,100,000.

Training of community agency staff – DHFS had to commit new funds to develop and provide training for community and public health agencies because DWD has not done so. Total cost of this training effort to date is \$300,000.

CARES - In order to support adequate resources to meet the state's commitments for the Children's Health Insurance Program, DHFS was required to authorize \$483,840 in additional funding to DWD in support of BadgerCare development. Federal and state

**Medicaid Eligibility
DWD and DHFS Problem Areas
November 12, 1998**

Medicaid funding to support CARES is approximately \$11.6 million annually. These funds support various activities in DWD for CARES, yet there are many systems projects needed to support Medicaid eligibility that have been outstanding for years.

DES staff support - very few staff resources in DES have been assigned to Medicaid issues, despite the significant Medicaid administrative funding used by the agency. For FY97, DWD claimed \$3.1 million in Medicaid funds for state agency costs.

Backlog of policy and systems work - a significant backlog of policy development and systems work was transferred to DHFS when the MOU was signed in mid-1997. DHFS has researched and prioritized the pending work so that staff resources are devoted to the highest priority items.

2. IM Contracts – DWD has limited the role of DHFS in establishing contract requirements and assuring contract compliance

DWD contracts with counties for Income Maintenance administration, including Medicaid functions, and has sought to limit DHFS involvement in the contracting process. These contracts form the basis for the service delivery system in Wisconsin and are crucial to effective program administration. To the extent there are problems in the delivery system DHFS has been forced to rely on DWD to remedy them.

Therefore, in order to place management control over the delivery system in the agency charged with administration of the program, DHFS proposes to contract directly with counties for the programs administered by DHFS, integrating the program requirements into the existing DHFS-county contracts. DWD will continue to contract with counties for the programs administered by DWD.

Background documentation

Legislative intent – In recognition and support for the DHFS responsibilities for Medicaid administration, in May 1997 the Joint Finance Committee approved a proposal from DHFS to move staff from DWD and convert positions in DHFS to establish a Medicaid Eligibility Section in the DHFS.

Notice to counties about two state agency roles – In March 1998 a DES Administrator's Memo was issued to all counties, signed by the Administrators of the Division of Economic Support and the Division of Health, to explain the respective roles.

Contracting concerns of DHFS staff – Although DHFS staff has tried to work through the current DWD structure to implement initiatives, manage financial arrangements for outreach initiatives, training, CARES development, and address performance standards in the IM contracts, DWD now asserts that DHFS has no authority to work with counties. This is in direct contradiction to the wording of the statutes and clear expressions of legislative intent.

**Medicaid Eligibility
DWD and DHFS Problem Areas
November 12, 1998**

DWD has restricted DHFS participation in their contract compliance activities - While DWD did solicit input from DHFS about possible changes to the 1999 contract language, DHFS was not permitted to attend negotiating sessions with the counties as either a partner or an observer. DHFS has no authority over the terms of the contract. Several direct requests to participate in meetings of the advisory committee established by DWD for W-2 agencies were denied by the DES Administrator, even though public W-2 agencies administer IM programs and the private W-2 agencies, including in Milwaukee, are expected to work closely with the county on administrative issues.

Concerns about service delivery, especially in Milwaukee - The impact of the federal welfare reform law that "de-linked" AFDC and Medicaid has been felt most keenly in Milwaukee. Multiple and credible sources continue to report problems for recipients in navigating the many changes in the service delivery system. Problems in application processing have been exacerbated by CARES systems problems. Sources reporting problems include:

- Milwaukee Journal - Sentinel
- Milwaukee County Board of Supervisors
- Wisconsin Primary Health Care Association
- Black Health Coalition
- Telephone hotline operated by Community Advocates
- County agency staff
- Legal Action of Wisconsin

Milwaukee compliance issues - On specific issues with Milwaukee County, which represents 1/3 of the state's Medicaid caseload, DHFS has been treated as another customer, rather than as a partner, in facing and resolving problems in the delivery system in Milwaukee. A proposal for problem resolution services in Milwaukee, originally developed jointly with DWD staff and in response to customer service problems that have been well documented, is now being held up by DWD. As a result, DHFS has not been able to implement outreach activities specifically approved by the Joint Finance Committee.

3. Medicaid Outreach - Key state initiatives stalled by DWD

The state's Medicaid outreach initiatives are designed to promote participation of eligible families in Medicaid as a way to improve the health status of the population. These initiatives have been planned by DHFS with broad input from many sectors, including DWD staff. DWD management staff have been consulted and briefed on many occasions since the spring of 1997 on this subject, including at DES management meetings, and many of the weekly briefings of the DES Administrator.

Until recently DWD staff have taken a very passive role in Medicaid outreach efforts, and indicated that where work efforts were involved, these are DHFS responsibilities under the

**Medicaid Eligibility
DWD and DHFS Problem Areas
November 12, 1998**

MOU. However, despite Joint Finance Committee approval of these plans, several key components related to outstationing eligibility workers, and resolution of client problems in Milwaukee, are still pending while DHFS attempts to address DWD's concerns.

The Legislature has approved funding to provide support to Milwaukee County to resolve client problems. This is most important to the customers who continue to experience problems navigating the significant changes that have occurred in the delivery system in Milwaukee. It is also important to the operation of the county agency, still experiencing the impact of the changes in the delivery system with the creation of six W-2 regions within the county, private agencies running W-2, and state administration of child welfare. Existing workload problems need to be resolved to prepare the way for the upcoming BadgerCare and Family Care initiatives of DHFS.

Background documentation

Drop in families covered by Medicaid – From March 1995 to the end of 1997, the Wisconsin Medicaid caseload dropped by about 92,000. Many observers attribute the caseload decline to confusion about the impact of welfare reform on Medicaid eligibility and barriers to access to the program, especially in Milwaukee. Health care providers have reported dramatic increases in uncompensated care concurrent with the shifts in the Medicaid caseload.

Briefings of DES staff on the outreach plan – Planning associated with the timing and content of the DHFS plan, including plans for outstations, was a regular part of the outreach briefings provided to DES staff prior to submittal to the Legislature. However, the objections from the DES Administrator about the DHFS role in outstationing and about how to resolve problems in Milwaukee were not raised until late summer of this year, after more than a year of briefings and after legislative approval of the plan.

Dates & events used to brief DES staff on outreach including outstationing initiatives:

- Weekly meetings with Jean Rogers and staff since mid-1997
- Weekly W-2 Management meetings during 1997 and early 1998
- DHFS/DWD bi-monthly meetings on systems issues since late 1997
- Regional Managed Care Forums and statewide consumer protection and advisory group meetings since mid-1997 (DWD staff invited and represented)
- Income Advisory Committee monthly meetings with Jean Rogers and staff since mid-1997
- Routine staff meetings with numerous DWD managers since mid-1997

Legislative approval of outreach – The Medicaid outreach plan was submitted to the Legislature in April 1998, with follow-up information in June 1998, and approved by the Joint Finance Committee on June 23, 1998.

**Medicaid Eligibility
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November 12, 1998**

County proposals for outstationing – To date, five counties have submitted outreach plans to DHFS to describe how the outstation will expand access and improve customer service. DHFS has replied to the counties approving the outreach strategies, and then requested that DWD add funds to the IM contract for this purpose, with the funds transferred from DFHS to DWD by interagency agreement.

Precedent set by DWD contracts for Healthy Start outstations – The model used by DHFS to set up the funding arrangements for new outstations was based on the existing IM contract between DWD and Milwaukee County that provides funding for Healthy Start outstations. DWD has recently determined that this model is not acceptable.

Unilateral action with county agencies - DWD has now expressed concern that DHFS is interfering in DWD territory, and held up the contract addenda. Instead of working with DHFS to try to resolve outstanding issues, they went directly to the local agencies without involving DHFS, including scheduling the issues for discussion with advisory committees, and sending letters to the five agencies informing the counties that they must deal with DWD on these issues. This put outstationing on hold.

DHFS requests to be included - DHFS staff have continually requested to be included in DWD deliberations on these issues. DHFS staff prepared a summary of outstationing models for use in discussions with DWD staff to document the range of administrative considerations involved and to attempt to remedy potential problems.

Using laptop computers with dial-up capacity to CARES – This capability is needed to expand outstationing, and was initially delayed because the IT staff in DWD decided after analyzing the business requirements that it was a significant work effort and should be handled by DHFS. At this time, DOA Info-Tech and DHFS technical staff are continuing to try to make DWD's CARES systems work with dial-up connections, with very minimal support from DWD staff.

Additional funding for Milwaukee County – The proposal to provide funding for Milwaukee county as a component of this outreach plan to assure prompt resolution of client complaints was developed jointly with DES staff, and then with input from Milwaukee County, beginning in January 1998. This is now being held up by DWD because of concerns for priority for food stamp reduction efforts and other administrative issues with the county.

Clients continue to have problems accessing Medicaid and other services in Milwaukee - As noted above, credible reports of problems for recipients in navigating the application process in Milwaukee continue. There are still many case specific problems to be resolved, including problems created by errors in CARES programming. There is also concern on the part of advocates that Milwaukee County will have great difficulty in gearing up for BadgerCare because they have not resolved the operational problems associated with the transition from AFDC.

**Medicaid Eligibility
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4. CARES - Resource contentions and DWD priorities jeopardize Family Care

Resource contentions for systems development have not been resolved in a manner that is satisfactory to DFHS, and are a barrier to successful implementation of Family Care.

DWD manages the CARES system and a maintenance contract with Deloitte and Touche. There are about 80 programmers assigned to handle the work under this contract. About 7 FTEs have been assigned to the Medicaid "Customer Area" even though Medicaid is by far the single largest program in CARES (twice the size of food stamps, and about ten times larger than W-2). There are about 160,000 open Medicaid cases, 65,000 food stamp cases, and about 10,000 cases receiving cash assistance.

Contentions across customer areas are to be resolved by managers of the various customer areas. However, the Medicaid program is not treated as either a customer or as a partner in this enterprise, and does not have the management control to assure that system changes get done when needed.

Early in 1998, both agencies made a commitment to identify their business requirements for the future so that realistic work planning and decision making could occur. DHFS management responded by bringing key staff together to identify customer service and service delivery priorities for the future. These were presented to DWD management in the spring of 1998. Several follow-up presentations were made to this interagency group over the summer of 1998. DWD's approach was to develop the STAIRS methodology. This lays out a process to examine issues and make decisions about projects, as a means to keep the system up-to-date. This process was presented to DHFS management as a proposal in October 1998, but is not yet ready to implement. In the meantime, in this environment, serious work on the business requirements for long-term care is hostage to the CARES management structure in DWD.

To resolve this issue, DHFS proposes to transfer management of CARES to DHFS along with the transfer of the largest programs supported by CARES (Medicaid, food stamps and child care) in the budget to assure priority and control of the systems work that supports the Department's programs. For Family Care, these include:

- "Pathways to Independence," including adding a new category of Medicaid coverage for disabled workers with income up to 250% of the poverty level
- options for incorporating SSI cases
- developing stream-lined intake options for families and the elderly and disabled
- segregating the Medicaid eligibility logic from other programs to the extent practical to do so
- options for interfacing the functional and financial screening performed at the Long Term Care Resource Centers with the eligibility determination functions performed in CARES
- creating new waiver categories and other major eligibility changes needed for Family Care

**Medicaid Eligibility
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November 12, 1998**

Background documentation:

Backlog of systems work to support the Medicaid program – a significant backlog of policy development and systems work was transferred to DHFS when the MOU was signed in mid-1997. DHFS has researched and prioritized the pending work so that staff resources are devoted to the highest priority items.

Programming staff allocations - CARES development is limited by state staff resources, programmer resources, and the structural design of the system, which limits the number of changes that can occur at any one time. The systems work that is needed in support of the Medicaid program is supposed to be prioritized by DHFS and scheduled by DWD. However, in order to get BadgerCare started in this environment, DHFS was required to commit new funds to DWD, despite the significant Medicaid administrative funding claimed by the agency.

System architecture - to the extent that CARES development is limited by the structural design of the system, there has been no progress made by DWD to examine alternatives, nor do they accept this as a valid business concern of DHFS. DWD has investigated some alternatives to modify the system architecture designed to minimize contentions. However, DWD has not responded favorably.

STAIRS - While DWD is now circulating a proposal for strategic reinvestment in the CARES system (STAIRS), and is planning eventually to use this as a process to examine enhancements to the current CARES system, the business requirements of DHFS require immediate work. As an incremental process, STAIRS maintains the status quo and will not improve management of CARES programming nor reduce the risk of and implications of programming errors.

Decision-making on DHFS priorities – These are to make infrastructure changes to prepare for the redesign of the long-term care system, to improve access to the Medicaid program, and to reduce unintended programming errors and the backlog of programming priorities within CARES. However, the staff of DWD continues to control all the subsystems that compose the core of CARES functions (Application Entry, Standard Filing Unit, Eligibility Determination and Benefit Calculation). DWD has indicated that they are not ready to address the long-term issues that are most important to DHFS for successful implementation of Family Care:

- Efforts to bring long range issues to the Medicaid Customer Area have been rebuffed.
- Efforts to bring long-range issues to the DWD-run Customer Area Managers meetings have been rebuffed. DWD staff is not willing to put essential DHFS requests on their “global work plan” because they have not gone through the proposed STAIRS process.
- Furthermore, because the other customer areas in CARES, representing DWD programs, have not made long range systems plans, it is impossible to determine what possible resource contentions exist as we plan for Family Care.

**Medicaid Eligibility
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5. DWD has not fulfilled its management responsibilities for Medicaid

At the time that the Division of Economic Support was transferred to DWD, staff of both agencies developed a plan to manage all of the transition issues. For Medicaid eligibility, a decision was made to define the role of each department in a Memorandum of Understanding. As soon as it became operational, DWD staff began to identify problems in meeting the terms of the agreement, such as the funding, contracting, CARES and outreach problems noted above. Plans to update the agreement based on the experience of the first year were halted when DWD staff asserted that the agency exceeded its authority in negotiating the terms. Instead, DWD now proposes that all Medicaid eligibility functions be moved to DWD.

To address this issue, DHFS proposes to transfer all remaining functions in DWD that support Medicaid eligibility to DHFS, along with the funding that supports Medicaid administration. Steps to implement this can begin by MOU, and be finalized in the 1999-2001 budget.

Background documentation:

MOU signed 7/97 took months to develop – It was a product of a series of difficult negotiations between the Secretary's Office in DHFS, top management in the Division of Health, and the Administrator of the Division of Economic Support in DWD.

Medicaid Eligibility Section created in DHFS – concurrently with the resolution of issues for the MOU, DHFS requested and received staff and funding in the 1997-99 budget to create a new section to manage its responsibilities under this MOU. Staff worked closely with staff throughout DES in an attempt to develop effective working relationships. In particular, the DHFS Section Chief and other DHFS managers held routine meetings with DWD management staff and advisory groups, including:

- Jean Rogers and her Deputy Administrators
- W-2 management team in DES
- Gary Kuhn, Jean Sheil in the Bureau of Welfare Initiatives
- Mark Hoover, Ginevra Ewers, and Jude Morse on financial issues
- Joe Stafford and other regional staff
- Income Maintenance Advisory Committee, meeting monthly with Jean Rogers and staff
- Roe Parker and his replacements on training issues

Renegotiations of the MOU initiated in the Spring 1998 – In recognition of a number of administrative issues that were identified beginning in the summer of 1997, including many of the specific issues noted above and a general inability expressed by DWD to meet the terms of the MOU, the agencies agreed to renegotiate the MOU with short range changes for FY 99 and to address longer range changes in the 99-01 biennial budget.

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DHFS business requirements - DHFS presented the results of work on future business requirements to support human services delivery systems to DWD management in June 1998. Recognizing the need to leverage existing systems, recommendations for modifications to the CARES system were included to address some of the existing problems with contentions for resources.

DWD halts work on the MOU - In response to the DHFS presentation, DWD management directed staff to stop working on updating the MOU, asserted that DHFS has exceeded its authority under state law for Medicaid, and proposed that all Medicaid eligibility functions be transferred to DWD.

DHFS legal responsibilities - authority for Medicaid administration rests with DFHS. To meet its responsibilities, the Department proposes that all remaining Medicaid functions, as well as the administration of the food stamp and child care programs, and management of the CARES system be transferred to DHFS, to enable the state to meet its future service delivery requirements.

**Medicaid Eligibility
DWD and DHFS Problem Areas
November 12, 1998**

Documents attached

Funding issues

1. DWD – DHFS Memorandum of Understanding
2. Authorization to printer on application forms
3. Medicaid and W-2 brochure
4. Addenda to MOU for training
5. Announcement of new training opportunities for community and public health agencies
6. Memo to Jean Rogers with new funds to support CARES development
7. DWD claim for Medicaid administration FY'97
8. Medicaid eligibility policy to-do list

IM contracts

9. Joint Finance Committee action on DHFS role in Medicaid eligibility
10. DES Administrator's Memo to counties describing two state agency roles
11. DES Administrator's Memo to counties about application processing requirements
12. Milwaukee County proposal for coordinating problem resolution services with advocates and new statewide services
13. DHFS request to Milwaukee Private Industry Council for assistance
14. Summary of discussions with DWD about performance standards in IM contracts
15. Concerns about service delivery in Milwaukee reported by Milwaukee Journal – Sentinel on 12/12/97, 2/15/98, 5/12/98 and 11/2/98
16. Concerns about service delivery in Milwaukee reported by Chairperson and members of the Milwaukee County Board of Supervisors to Secretary Stewart
17. Concerns about service delivery in Milwaukee reported by Wisconsin Primary Health Care Association in a letter to Secretary Stewart

**Medicaid Eligibility
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18. Concerns about service delivery in Milwaukee reported by Black Health Coalition in a recent letter to Ralph Hollman.
19. Data on client specific problems in Milwaukee reported to telephone hotline operated by Community Advocates
20. Concerns about service delivery and CARES problems reported by county agency staff through the Income Maintenance Advisory Committee
21. CARES problems impacting customer service in Milwaukee reported by Legal Action of Wisconsin
22. Letter from DHFS responding to LAW concerns about CARES problems affecting clients.
23. Letter from DWD providing further information about CARES problems and their resolution
24. DHFS letter to DWD formally requesting assistance to implement problem resolution services
25. Recent letters from Legal Action of Wisconsin continuing to express problems for clients in Milwaukee

Outreach Initiatives

26. Medicaid caseload information by month from 1995 – present
27. Family Health Survey data on uninsured children in Wisconsin
28. Medicaid outreach plan - letters from Joe Leean to Chairs, Joint Committee on Finance
29. Minutes of 6/24/98 Joint Finance Committee meeting approving the outreach plan
30. Letter from DHFS to county agency directors describing outreach initiatives in general, outstationing in particular, and requesting that they work closely with colleagues in public health to implement Medicaid outreach in their communities
31. Outstationing initiative – map showing status statewide as of October 1998
32. Requests to DWD to add funds for outstations to IM contracts
33. DES memo presented to W-2 contract and implementation committee meeting in August 1998 seeking comment on outstations

**Medicaid Eligibility
DWD and DHFS Problem Areas
November 12, 1998**

34. DES letters to counties putting contract addenda on hold
35. DHFS materials prepared for discussion with DWD staff as a means to resolve outstanding DWD concerns and to respond to new issues on outstationing (a list of assumptions and a chart comparing various outstationing models)
36. DHFS presentation 9/3/98 to DWD management staff on Medicaid program goals and outreach initiatives

CARES

37. Medicaid customer area CARES to-do list in priority order
38. Allocation of programming resources by DWD to Medicaid – Deloitte and Touche hours by customer area for 11/97 – 8/98
39. Alternative proposal prepared by DHFS to remodel the system architecture to reduce competition for resources
40. DHFS presentation 6/10/98 to DWD management staff on systems requirements for service delivery models of the future
41. DHFS presentation 9/17/98 to DWD management staff on systems planning for Family Care
42. DHFS high-level business requirements for Family Care

MOU Issues

43. Plan to renegotiate MOU spring 1998
44. Memo from DWD halting MOU negotiations
45. List of management issues presented by Peggy Bartels to Jean Rogers 8/98
46. Letter from Joe LEEAN to Jean Rogers recapping legal authority of DHFS for Medicaid eligibility
47. Proposal from Joe LEEAN presented to DOA and DWD to move Medicaid, Food Stamps, child care, and management of CARES to DHFS

MEMORANDUM OF UNDERSTANDING

Between the Department of Health and Family Services
and the Department of Workforce Development

Regarding Medical Assistance Eligibility Functions

This Memorandum of Understanding (MOU) exists between the Department of Health and Family Services (DHFS) and the Department of Workforce Development (DWD) and is effective from the date of signing through June 30, 1998. This agreement will automatically remain in effect on a month-by-month basis beyond June 30, 1998, unless it is expressly ended by either Department Secretary. This memorandum can be amended only if both Department Secretaries agree to a revision.

The purpose of this memorandum is to coordinate the Medical Assistance (Medicaid) program and Wisconsin Works (W-2) eligibility policies with those activities required to implement the Medicaid and W-2 programs.

The Division of Economic Support (DES) in the DWD and the Division of Health (DOH) in DHFS will meet regularly to identify, discuss, and resolve Medicaid and W-2 policy and program issues. Issues that are not resolved to the satisfaction of DES or DOH at the staff level will be referred to the administrators of DES and DOH for resolution. Issues that are not resolved to the satisfaction of the administrators of DES and DOH will be referred to the secretaries of DWD and DHFS for resolution. Responses requested by either division will be provided, to the extent possible, on the time line of the requesting division. A non-response is the same as agreement, as long as receipt is acknowledged.

DHFS and DWD agree to be mutually supportive when either Department pursues additional resources as may be necessary to ensure timely and adequate implementation of Medicaid and economic support policy and procedural modifications.

DHFS is the governmental organization that is solely responsible for the determination and approval of Medicaid program eligibility policy. The DHFS' DOH is responsible for all aspects of Medicaid eligibility and benefits as defined by this MOU. To fulfill its responsibilities, DOH will:

1. Identify and seek appropriate federal waivers to implement Medicaid eligibility changes. DOH will consult with and receive written response from DES within a reasonable time period established by DOH prior to submitting the waiver request to the federal Health Care Financing Administration (HCFA).
2. Amend the Medicaid State Plan as it relates to Medicaid eligibility policy, in consultation with DES as necessary, to fulfill the requirements of S.1902(a) of the Social Security Act. These responsibilities include, but are not limited to, the following tasks:
 - a) Draft Medicaid State Plan amendments as they relate to changes in Medicaid eligibility policy.
 - b) Brief necessary staff within and outside of DHFS.
 - c) Prepare, obtain necessary sign-offs, and submit State Plan amendments to HCFA.

10. TMA 4
 of Answer HCFA written and verbal questions in consultation with DHFS policy analysts and managers.

3. Promulgate Medicaid administrative rules for Medicaid eligibility policy changes.
4. Draft, review, and approve all Medicaid eligibility policy changes in consultation with DES, as follows:
 - a) Complete all necessary policy analysis as it pertains to Medicaid eligibility policy in relation to federal law and regulation changes, HCFA policy declarations, state law changes, DHFS and DWD initiated policy changes, policy clarification and interpretation, court case and fair hearing decisions. This includes maintaining a liaison with HCFA to obtain federal interpretation of Medicaid law and regulation.
 - b) Consult with DES staff managing the W-2, food stamps, and/or child care programs, to determine the effect (if any) of Medicaid policy or process changes on other programs, or to determine the effect of changes in these other programs on Medicaid. Require written concurrence or an exception document from DES prior to finalization of the policy implementation plan.
 - c) Develop implementation plans, which will be shared with DES to keep them advised of Medicaid eligibility projects in the planning stages, as well as to facilitate implementation and coordination of Medicaid projects with other W-2, food stamps and child care policy and procedural changes.
 - d) In coordination with DES, respond to Medicaid eligibility questions posed by DWD staff, recipients, trainers and training sessions, legislators, DHFS staff, and the general public. Questions which overlap with other economic support programs will be answered in consultation with designated DES contacts.
5. Assume responsibility for all legal proceedings associated with or resulting from Medicaid eligibility decisions or actions taken by DHFS.
6. In consultation with DWD, provide for the exchange of data, as necessary, for the administration, evaluation and analysis of Medicaid.
7. Develop, propose, or implement cost allocation formulas or interagency transfers, as needed, to support administrative costs, subject to the prior review and concurrence of DWD.
8. In consultation with DWD and working with the Client Assistance for Re-employment and Economic Support (CARES) system maintenance contractor, maintain and modify those portions of the CARES system that relate to the determination of Medicaid eligibility, notification of approval and termination of Medicaid eligibility to recipients/applicants and the transmission to and from the Medicaid Management Information System (MMIS) fiscal agent. DOH will:
 - a) Lead and coordinate Medicaid eligibility policy and procedural changes in the CARES system. Working with Deloitte and Touche and DWD staff, provide a prioritized list of systems work related to Medicaid eligibility. Based upon available

state and contractor resources, this work will be scheduled for implementation during a weekly meeting with all interested parties.

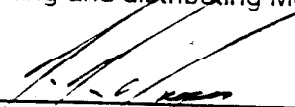
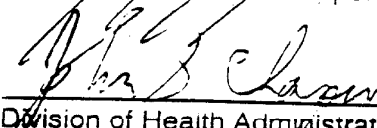
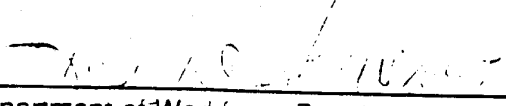
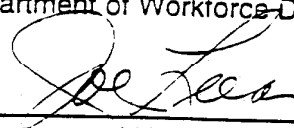
- b) Develop business requirements and process parameters necessary to implement policy or procedural changes. This may involve research into how CARES is currently functioning.
 - c) Produce business requirements document (service request or Production Problem Report or change order).
 - d) Review business requirements with management team to determine how important this change is within scope of customer area.
 - e) Review business requirements with contract staff to determine, based upon available contractor resources and priority, when the change can be implemented.
 - f) Answer questions posed by contractor during design, coding, systems test and regression test phases of CARES implementation.
 - g) Complete User Acceptance Test (UAT) and authorize release of change to production system.
 - h) Work with DES communications staff to draft Operations Memos, DXBMs (CARES flash messages), and CARES Guide instructions for local agency staff.
 - i) Work with DES training staff to develop Medicaid eligibility policy and MMIS training materials for local agency staff.
 - j) Communicate eligibility policy changes that affect the transmission of data from the CARES system to the Medicaid fiscal agent for incorporation into the MMIS and work with the Medicaid fiscal agent to develop, validate and approve these systems changes.
 - k) Complete a feasibility study for the creation of a separate CARES Medicaid Eligibility Customer Area or other alternatives for on-going CARES modifications to implement Medicaid eligibility policy and procedural changes. The initial study will be completed by October 15, 1997.
9. Create, revise and finalize all local economic support agency and applicant/recipient forms or informational materials that relate to Medicaid eligibility policy and process. These materials will be developed and revised in close consultation and coordination with DES. DES will remain responsible for the printing and distribution of these materials.
10. Maintain and modify the SSI/Medicaid System based upon Medicaid eligibility law, regulation, and policy.
11. Prepare communication describing Medicaid eligibility policy and coordinate the procedure for local economic support agencies and W-2 agency staff with DES. Communications will be distributed by DES. Communication formats include:

- a) CARES data exchange broadcast messages which are loaded into CARES and shown to all users when they sign-in.
 - b) Operations Memoranda, DOH Administrator's Memoranda, the Medicaid Handbook, Chapter V of the Income Maintenance Manual, sections of the CARES Guide that are applicable to Medicaid eligibility policies and procedures, as well as all other material to be distributed to local agency staff responsible for determining Medicaid eligibility or related processes.
12. Support DES as it pursues adequate funding for the CARES system development and operation to ensure, within reasonable limits, the automated implementation of federal and state law and directives.

The DES is the governmental organization within the DWD responsible for certain aspects of implementing (as defined in this MOU) Medicaid eligibility changes in consultation with DHFS. To fulfill its responsibilities, DES will:

13. Recommend appropriate federal waivers to DOH to implement Medicaid eligibility policies.
14. Recommend to DOH, as necessary, Medicaid State Plan amendments and administrative rules to implement Medicaid eligibility policies.
15. In consultation with DOH, interpret and respond to eligibility policy questions from local economic support and W-2 agencies administering Medicaid. Respond to Medicaid eligibility policy and procedure questions from applicants/recipients, or their representatives, particularly those that relate to multiple economic support program issues.
16. Consult with DOH, as necessary, to coordinate modifications to the CARES system that relate to W-2, Child Care, food stamps or which interact across programs to ensure that Medicaid eligibility policy or procedure is kept intact and correct. This may include testing through the MMIS Interface.
17. Assure that available resources for CARES systems changes are allocated in a manner that fosters timely compliance with federal and state law.
18. Provide Medicaid eligibility policy and MMIS training to local economic support agencies and W-2 agencies using content provided by DOH. Training implementation will be based upon a training plan approved by DOH and DES.
19. Distribute Medicaid eligibility policy to local economic support and W-2 agencies through Administrator's Memoranda, Operations Memoranda, electronic mail, handbook and manuals. Distribution will recognize DOH priorities to the extent that resources are available.
20. With review and concurrence of DOH, develop and administer financial policies including issuance and administration of contracts with local agencies to locally administer the Medicaid eligibility application and eligibility policies. DES, in consultation with DOH, will:

- a) Negotiate with local economic support agencies, including county departments of human or social services, W-2 agencies, and any other agencies involved in the Medicaid eligibility determination process.
 - b) Draft contract language in conjunction with other state parties to the agreement, including the setting of performance standards.
 - c) Monitor contract terms to ensure compliance with performance standards and other contract terms and conditions.
 - d) Negotiate with other vendors who provide services or goods directly associated with Medicaid eligibility, for instance, the contract with the CARES maintenance vendor.
21. Assure Medicaid Eligibility Quality Control activities as required by federal law and develop Medicaid policy corrective actions, if needed, in coordination with DHFS.
 22. In consultation with DOH, provide for the exchange of data, as necessary, for the administration, evaluation and analysis of economic support programs.
 23. Develop, propose, or implement cost allocation formulas or interagency transfers, as needed, to support administrative costs, subject to the prior review and concurrence of DOH.
 24. Pursue adequate funding for the CARES system development and operation to ensure, within reasonable limits, the automated implementation of federal and state law and directives.
 25. Create, revise and finalize all local economic support agency and applicant/recipient forms or informational materials that relate to multiple economic support programs, including Medicaid eligibility policy and process. These materials will be developed and revised in close consultation and coordination with DOH. DES will remain responsible for printing and distributing Medicaid forms and informational material.

 Division of Economic Support Administrator	6-24-97 Date
 Division of Health Administrator	6-24-97 Date
 Department of Workforce Development Secretary	6-26-97 Date
 Department of Health and Family Services Secretary	7-3-97 Date

MEMORANDUM OF UNDERSTANDING-Addendum
Between the WI Department of Workforce Development
and the WI Department of Health and Family Services

Regarding Medicaid Training

This memorandum addendum is effective from the date of signing through 12/31/98. This agreement will automatically remain in effect on a month-by-month basis beyond 12/31/98, unless expressly ended by either Department Secretary.

The purpose of this addendum is to coordinate training activities related to the Medicaid, Wisconsin Works (W-2), Food Stamps, Child Support, and other related programs. The training will support on-going administration of the Medicaid program as well as implement new initiatives. This addendum is assumed to be incorporated into the current memorandum of understanding. Training is referred to in item 8a. of the current memorandum.

During FY1998 and FY1999, the two Departments will implement a number of programs and a major outreach effort that will require essential training. Along with the implementation of W-2, several major training projects are needed to thoroughly train all W-2 Financial and Employment Planners (FEP), Supportive Services Planners (SSP), and Resource Specialists (RS), and related administrative support (receptionists, etc.) and outreach staff.

In-Person Training

DES will work jointly with DOH to implement a regular and on-going level of training during 1998 for the above mentioned staff. The training topics will consist of:

- New Worker (FEP and SSP) Training (Medicaid Module-6 days)
- Nursing Home New Worker Training (3.5 days)
- Basic Medicaid Training (2 days)
- Special Topics Training (1 day each)
 - AFDC Related Medicaid & Extensions
 - Medicaid Deductibles (Hands-on)
 - SSI Related Cases
 - Healthy Start, Family Fiscal Unit, and Extensions
- The major new initiative will be the implementation of BadgerCare.

A joint DES/DOH training workgroup will meet on a regular basis to mutually set training priorities, time lines, and generally coordinate training related to the DWD/DHFS memo of understanding. Other training needs not mentioned in this document can be implemented with mutual agreement of both Divisions.

Computer-Based Training (CBT)

DES will work jointly with DOH to produce a Computer-Based Training course(s) on Medicaid topics. This will include general training for outreach projects and training for non-economic support related administrative staff, i.e. child support, fraud, medical providers, social workers, etc. The first program will be ready in the first quarter of 1998 and support the DOH outreach effort to local medical providers. One other topic will be mutually agreed upon.

Overall Responsibilities

DOH will approve the content of all written training materials, CBT courses and other tools related to Medicaid training. DES will be responsible for the development, management, and delivery of training as well as related methods, logistics, and delivery systems.

Funding

DES agrees to provide a minimum level of training based on overall Division priorities. DOH will reimburse DES for the development, implementation, and evaluation of training above the FY1998 funding levels related to the administration of Medicaid.

These additional funds will provide for an enhanced Medicaid training capacity in each region; with most resources allocated to larger counties. DES will sub-contract this training through its existing contracts with six county agencies and the Universities of Wisconsin-Oshkosh and Stout. Cost categories associated with this proposal and requiring DOH funding include:

- Trainer salaries, fringe benefits, professional development.
- Training administration costs.
- Office space, computer and training equipment, travel costs.
- Training material development and printing.
- Training facilities (computer training rooms and general training space).
- Computer software and data line expenses for CBT.

	FY1998	FY1999
Trainers & Office Support	217,000	372,000
Printing/Training Materials	23,334	40,000
Training Facilities and Space* (\$200/day)	15,000	30,000
Computer Based Training Expenses	78,666	92,000
Total	\$334,000	\$534,000

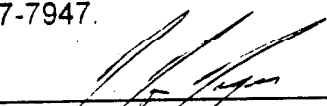
NOTE: FY1998 is a 6 month figure and FY1999 is a 12 month figure. The training center usage for FY1998 is 75 days and FY1999 is 150 days.

DOH Contact Person

Susan Wood, Bureau of Health Care Financing, Rm. 150, WSSOB, 266-5635.

DES Contact Person

Roe M. Parker, Bureau of Employment and Program Operations, Rm. 339, WSSOB, 267-7947.


Division of Economic Support Administrator

1-22-98
Date


Division of Health Administrator

1-28-98
Date



D-NOTE
State of Wisconsin
1999 - 2000 LEGISLATURE

LRBb0583/ 3
TAY:cmh&wlj:ksh

R MR

LFB:.....Goldman – Administration of CARES

FOR 1999-01 BUDGET — NOT READY FOR INTRODUCTION

LFB AMENDMENT

TO 1999 ASSEMBLY BILL 133 AND 1999 SENATE BILL 45

TODAY

1 At the locations indicated, amend the bill as follows:

2 1. Page 575, line 18: after that line insert:

3 “SECTION 997m. 46.03 (44) of the statutes is created to read:

4 46.03 (44) ADMINISTRATION OF MEDICAL ASSISTANCE ELIGIBILITY. Notwithstanding

5 s. 49.33 (2), beginning on March 1, 2000, administer the client assistance for

6 reemployment ^{and economic support} system with respect to medical assistance. Not later than December

7 1, 1999, the secretary of administration shall submit a report to the joint committee

8 on finance that specifies the position ~~authorizations~~ and funding ~~increases~~ ^{modifications} needed

9 to effect this subsection. The secretary shall also identify in the report any

10 administrative issues that the committee should consider with respect to this

11 subsection.”

12

(END)



State of Wisconsin
1999 - 2000 LEGISLATURE

LRBb0583/3
TAY:cmh&wj/ksk
wj:

LFB:.....Goldman – Administration of CARES
FOR 1999-01 BUDGET — NOT READY FOR INTRODUCTION
LFB AMENDMENT
TO 1999 ASSEMBLY BILL 133 AND 1999 SENATE BILL 45

1 At the locations indicated, amend the bill as follows:

2 1. Page ⁴⁴¹ ~~710~~, line ¹⁰ ~~8~~: after that line insert:

3 "SECTION 467b. 20.445 (3) (dz) of the statutes, as affected by 1997 Wisconsin
4 Act 27 and 1999 Wisconsin Act...(this act), is amended to read:

5 20.445 (3) (dz) *Wisconsin works and other public assistance administration*
6 *and benefits.* The amounts in the schedule for administration and benefit payments
7 under Wisconsin works under ss. 49.141 to 49.161, the job opportunities and basic
8 skills program under s. 49.193, the learnfare program under s. 49.26, the work
9 experience and job search program under s. 49.36, the food stamp program under s.
10 49.124 and the parental responsibility pilot program under s. 49.25; for payment
11 distribution under s. 49.33 (8) for county administration of public assistance benefits
12 and ^{plain} ~~medical assistance~~ ^{and badger care} ~~eligibility determination~~ ^{determination} ~~and~~ ^{plain} payments to American Indian

WFO: Please proof w/Stats

Please proof visitors.

1 tribes for administration of public assistance programs; to provide state aid for
 2 county administered public assistance programs for which reimbursement is
 3 provided under s. 49.33 (9); ~~for child care costs under ss. 49.191(1) and (2), 49.193~~
 4 ~~(8) and 49.26 (1) (c); for the new hope project under s. 49.37; for aid to 18-year-old~~
 5 ~~students under s. 49.20;~~ ^{and} for funeral expenses under s. 49.30 ~~and to transfer to the~~
 6 ~~appropriation account under s. 20.425 (2) the amount determined by the~~
 7 ~~department of revenue under s. 49.175 (1) (b) 2.~~ ^{strike} Payments may be made from this
 8 appropriation to counties for fraud investigation and error reduction under s. 49.197
 9 (1m) and (4). Moneys appropriated under this paragraph may be used to match
 10 federal funds received under par. (md). Notwithstanding ss. 20.001 (3) (a) and 20.002
 11 (1), the department may transfer funds between fiscal years under this paragraph.
 12 All funds allocated by the department but not encumbered by December 31 of each
 13 year lapse to the general fund on the next January 1 unless transferred to the next
 14 calendar year by the joint committee on finance. 〃

NOTE: NOTE: Par. (dz) is shown as affected eff. 7-1-99 by 2 acts of the 1997 legislature and as merged by the revisor under s. 13.93 (2) (c). Prior to 7-1-99 it reads: NOTE:

15 (dz) Wisconsin works and other public assistance administration and benefits. The amounts in the schedule for administration and benefit payments under Wisconsin
 16 works under ss. 49.141 to 49.161, the job opportunities and basic skills program under s. 49.193, the learnfare program under s. 49.26, the work experience and job
 17 search program under s. 49.36, the food stamp program under s. 49.124 and the parental responsibility pilot program under s. 49.25; for payment distribution under
 18 s. 49.33 (8) for county administration of public assistance benefits and medical assistance eligibility determination and payments to American Indian tribes for
 19 administration of public assistance programs; to provide state aid for county administered public assistance programs for which reimbursement is provided under s.
 20 49.33 (9); for child care costs under ss. 49.191 (1) and (2), 49.193 (8) and 49.26 (1) (c); for the new hope project under s. 49.37; for aid to 18-year-old students under
 21 s. 49.20; and for funeral expenses under s. 49.30. Payments may be made from this appropriation to counties for fraud investigation and error reduction under s. 49.197
 22 (1m) and (4). Moneys appropriated under this paragraph may be used to match federal funds received under par. (md). Notwithstanding ss. 20.001 (3) (a) and 20.002
 23 (1), the department may transfer funds between fiscal years under this paragraph. All funds allocated by the department but not encumbered by December 31 of each
 24 year lapse to the general fund on the next January 1 unless transferred to the next calendar year by the joint committee on finance.

History: 1971 c. 125 ss. 156, 522 (1); 1971 c. 211, 215; 1971 c. 228 s. 44; 1971 c. 259; 1973 c. 90, 180, 243, 333; 1975 c. 39, 147, 224, 274, 344; 1975 c. 404 ss. 3, 10 (1); 1975 c. 405 ss. 3, 11 (1); 1977 c. 29, 48, 203, 418; 1979 c. 34 ss. 512 to 522, 2102 (25) (a); 1979 c. 189, 221, 309; 1979 c. 329 s. 25 (1); 1979 c. 350 ss. 3, 27 (6); 1979 c. 353, 355; 1981 c. 20, 36, 92, 93, 317, 325, 364; 1983 a. 8; 1983 a. 27 ss. 411 to 425; 1983 a. 98 ss. 1, 31; 1983 a. 192, 384, 388, 410; 1985 a. 17, 29, 133, 313, 332; 1987 a. 27; 1987 a. 38 ss. 2 to 4, 136; 1987 a. 399, 403; 1989 a. 31, 44, 64, 77, 254, 284, 359; 1991 a. 39 ss. 372c, 545f, 545t, 545v, 547, 548, 548g, 548m, 549, 549b, 549g, 549p; 1991 a. 85, 89, 269, 315; 1993 a. 16, 126, 243, 437, 491; 1995 a. 27 ss. 772mm, 772mn, 776p to 778b, 778L, 778n, 778q, 778v, 778z to 780m, 781m to 782p, 782u, 841, 842, 849, 850, 854, 855, 858c, 873 to 876, 878, 880, 890 to 896, 962 to 1014c, 9126 (19), 9130 (4); 1995 a. 113 s. 2; 1995 a. 117, 201, 216, 225, 289; 1995 a. 404 ss. 4, 6 to 8, 10 to 17; 1997 a. 3; 1997 a. 27 ss. 610 to 642m, 722; 1997 a. 35, 38, 39, 105, 112, 191, 235, 236, 237, 252; s. 13.93 (2) (c).

****NOTE: The treatment of s. 20.445 (3) (dz) by section 337, was delayed in the governor's bill but is effective immediately under LRBb0544. Therefore, no triple drafting is required.

which combines the treatment of under sections 336 and 337 of the Governor's bill

25 2. Page 716, line 8: after that line insert:

26 "SECTION 1356m. 49.33 (1) (b) of the statutes is amended to read:

1 49.33 (1) (b) "Income maintenance program" means aid to families with
2 dependent children under s. 49.19, Wisconsin works under ss. 49.141 to 49.161,
3 ~~medical assistance under subch. IV of ch. 49~~ or the food stamp program under 7 USC
4 2011 to 2029.

History: 1995 a. 27 ss. 2041 to 2049, 2933 to 2936, 3084 to 3087, 3130; 1995 a. 289, 417; 1997 a. 27.

5 **SECTION 1356n.** 49.33 (8) (a) of the statutes is amended to read:

6 49.33 (8) (a) The department shall reimburse each county for reasonable costs
7 of income maintenance relating to the administration of the programs under this
8 subchapter ~~and subch. IV~~ according to a formula based on workload within the limits
9 of available state and federal funds under s. 20.445 (3) (dz), (md) and (nL) by contract
10 under s. 49.33 (2). The amount of reimbursement calculated under this paragraph
11 and par. (b) is in addition to any reimbursement provided to a county for fraud and
12 error reduction under s. 49.197 (1m) and (4)."

History: 1995 a. 27 ss. 2041 to 2049, 2933 to 2936, 3084 to 3087, 3130; 1995 a. 289, 417; 1997 a. 27.

13 **STEP 4.** Page 720, line 19: after that line insert:

14 **"SECTION 1373v.** 49.45 (3) (a) of the statutes is amended to read:

15 49.45 (3) (a) Reimbursement shall be made to each county department under
16 ss. 46.215, 46.22 and 46.23 for the administrative services performed in the medical
17 assistance program ~~on the basis of s. 49.33 (8) according to a formula based on~~
18 workload. For purposes of reimbursement under this paragraph, assessments
19 completed under s. 46.27 (6) (a) are administrative services performed in the medical
20 assistance program."

History: 1971 c. 40 s. 93; 1971 c. 42, 125; 1971 c. 213 s. 5; 1971 c. 215, 217, 307; 1973 c. 62, 90, 147; 1973 c. 333 ss. 106g, 106h, 106j, 201w; 1975 c. 39; 1975 c. 223 s. 28; 1975 c. 224 ss. 54h, 56 to 59m; 1975 c. 383 s. 4; 1975 c. 411; 1977 c. 29, 418; 1979 c. 34 ss. 837f to 838, 2102 (20) (a); 1979 c. 102, 177, 221, 355; 1981 c. 20 ss. 839 to 854, 2202 (20) (r); 1981 c. 93, 317; 1983 a. 27 ss. 1046 to 1062m, 2200 (42); 1983 a. 245, 447, 527; 1985 a. 29 ss. 1026m to 1031d, 3200 (23), (56), 3202 (27); 1985 a. 120, 176, 269; 1985 a. 332 ss. 91, 251 (5), 253; 1985 a. 340; 1987 a. 27 ss. 989r to 1000s, 2247, 3202 (24); 1987 a. 186, 307, 339, 399; 1987 a. 403 s. 256; 1987 a. 413; 1989 a. 6; 1989 a. 31 ss. 1402 to 1452g, 2909g, 2909i; 1989 a. 107, 173, 310, 336, 351, 359; 1991 a. 22, 39, 80, 250, 269, 315, 316; 1993 a. 16 ss. 1362g to 1403, 3883; 1993 a. 27, 107, 112, 183, 212, 246, 269, 335, 356, 437, 446, 469; 1995 a. 20; 1995 a. 27 ss. 2947 to 3002r, 7299, 9126 (19), 9130 (4), 9145 (1); 1995 a. 191, 216, 225, 289, 303, 398, 417, 457; 1997 a. 3, 13, 27, 114, 175, 191, 237, 252, 293.

21 **4.** Page 750, line 22: after that line insert:

22 **"SECTION 1460m.** 49.496 (4) of the statutes is amended to read:

1 49.496 (4)[↓] ADMINISTRATION. The department may require a county department
 2 under s. 46.215, 46.22 or 46.23 or the governing body of a federally recognized
 3 American Indian tribe administering medical assistance to gather and provide the
 4 department with information needed to recover medical assistance under this
 5 section. The department shall pay to a county department or tribal governing body
 6 an amount equal to 5% of the recovery collected by the department relating to a
 7 beneficiary for whom the county department or tribal governing body made the last
 8 determination of medical assistance eligibility. A county department or tribal
 9 governing body may use funds received under this subsection only to pay costs
 10 incurred under this subsection and, if any amount remains, to pay for improvements
 11 to functions required under s. ~~49.33 (2)~~ 49.45 (2) (b) 1.[↓] The department may withhold
 12 payments under this subsection for failure to comply with the department's
 13 requirements under this subsection. The department shall treat payments made
 14 under this subsection as costs of administration of the medical assistance program.”.

History: 1991 a. 39, 269; 1993 a. 301, 437, 491; 1995 a. 27; 1997 a. 27.

15 5. Page 1328, line 24: after that line insert:

“ 19m 1398

16 (9) ADMINISTRATION OF MEDICAL ASSISTANCE. Not later than December 1, 1999,
 17 the secretary of administration shall submit a report to the joint committee on
 18 finance that specifies the position and funding modifications needed to transfer all
 19 administrative functions related to medical assistance, including administration of
 20 the client assistance for reemployment and economic support system, with respect
 21 to medical assistance, from the department of workforce development to the
 22 department of health and family services. The secretary shall also identify in the
 23 report any administrative issues that the committee should consider with respect to
 24 the transfer.”.

Now
STATS

1 **6.** Page/427, line 8: after that line insert:

Non
STATS

2 ^{2P}
3 “(M) ADMINISTRATION OF MEDICAL ASSISTANCE. On the effective date of this
4 sub[✓]section, all contracts entered into by the department of workforce development
5 relating to the administration of medical assistance, that are in effect on the effective
6 date of this sub[✓]section, remain in effect and are transferred to the department of
7 health and family services. The department of health and family services shall carry
8 out any contractual obligations under those contracts until the contracts expire or
9 are modified or rescinded to the extent permitted under the contracts.”.

9 **7.** Page/473, line 12: after that line insert:

EFF
DATES

10 ^{10m}
11 “(M) ADMINISTRATION OF MEDICAL ASSISTANCE. The treatment of sections 20.445
12 (3) (dz) (by SECTION 467b), 49.33 (1) (b) and (8) (a), 49.45 (3) (a) and 49.496 (4) of the
13 statutes and SECTION 9157 (^{2P} /) take effect on March 1, 2000.”.

(END)

**DRAFTER'S NOTE
FROM THE
LEGISLATIVE REFERENCE BUREAU**

LRBb0583/3dn
TAY:cmh&wlj:ksh

Amie and Joanne:

It may be that this draft appears a little more extensive than you anticipated, but I am as certain as I can be, given the peculiar nature of the request, that it accomplishes the committee's intent. The administrative functions may no longer be contracted out by DWD (after March 1); the contracts will all be transferred to DHFS to administer (it's my understanding that CARES is administered under a contract with Deloitte and Touche, so that part of the contract should transfer under the language of the draft); and the secretary of DOA has to submit a report letting joint finance know what else is needed. The scary thing, from DHFS' standpoint, is that this transfer occurs regardless of what DOA or JFC does. So, it's possible under this draft, that DHFS is no better off than it would be by simply ending the memorandum of understanding (i.e. operating everything without any of the funding to do so).

There is a provision in the budget bill regarding the consolidation of state vehicle fleet operations (see pp. 1433 to 1437) that you might want to consider using as a model for this draft instead of what I've done. I doubt this draft would need to be quite so extensive, but that nonstat. requires DOA to submit a plan that details all of the transfer requirements.

If you have questions about this draft, give me a call.

Tina A. Yacker
Legislative Attorney
Phone: (608) 261-6927
E-mail: Tina.Yacker@legis.state.wi.us

**DRAFTER'S NOTE
FROM THE
LEGISLATIVE REFERENCE BUREAU**

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June 15, 1999

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State of Wisconsin
1999 - 2000 LEGISLATURE

LRBb0583/B4
TAY:wlj:kjf

Rmk

LFB:.....Goldman – Administration of CARES

FOR 1999-01 BUDGET — NOT READY FOR INTRODUCTION

LFB AMENDMENT

TO 1999 ASSEMBLY BILL 133 AND 1999 SENATE BILL 45

1 At the locations indicated, amend the bill as follows:

2 **1.** Page 441, line 13: after that line insert:

3 “SECTION 467b. 20.445 (3) (dz) of the statutes, as affected by 1997 Wisconsin
4 Act 27 and 1999 Wisconsin Act ... (this act), is amended to read:

5 20.445 (3) (dz) *Wisconsin works and other public assistance administration and*
6 *benefits.* The amounts in the schedule for administration and benefit payments
7 under Wisconsin works under ss. 49.141 to 49.161, the job opportunities and basic
8 skills program under s. 49.193, the learnfare program under s. 49.26, the work
9 experience and job search program under s. 49.36, the food stamp program under s.
10 49.124 and the parental responsibility pilot program under s. 49.25; for payment
11 distribution under s. 49.33 (8) for county administration of public assistance benefits
12 and medical assistance ~~Wagner care~~ eligibility determination and payments to

Wagner care

[Signature] STET

1 American Indian tribes for administration of public assistance programs; to provide
2 state aid for county administered public assistance programs for which
3 reimbursement is provided under s. 49.33 (9); for child care costs under ss. 49.191
4 (1) and (2), 49.193 (8) and 49.26 (1) (e); for the new hope project under s. 49.37; for
5 aid to 18-year-old students under s. 49.20; and for funeral expenses under s. 49.30;
6 and to transfer to the appropriation account under s. 20.835 (2) (k) the amount
7 determined by the department of revenue under s. 49.175 (1) (b) 2. Payments may
8 be made from this appropriation to counties for fraud investigation and error
9 reduction under s. 49.197 (1m) and (4). Moneys appropriated under this paragraph
10 may be used to match federal funds received under par. (md). Notwithstanding ss.
11 20.001 (3) (a) and 20.002 (1), the department may transfer funds between fiscal years
12 under this paragraph. All funds allocated by the department but not encumbered
13 by December 31 of each year lapse to the general fund on the next January 1 unless
14 transferred to the next calendar year by the joint committee on finance.”

****NOTE: The treatment of s. 20.445 (3) (dz) by section ⁴⁶⁷ 337, was delayed in the
governor's bill but is effective immediately under LRBb0544 which combines the
treatment under SECTIONS ⁴⁶⁶ 336 and ⁴⁶⁷ 337 of the governor's bill. Therefore, no triple drafting
is required.

15 **2.** Page 716, line 8: after that line insert:

16 “SECTION 1356m. 49.33 (1) (b) of the statutes is amended to read:

17 49.33 (1) (b) “Income maintenance program” means aid to families with
18 dependent children under s. 49.19, Wisconsin works under ss. 49.141 to 49.161,
19 medical assistance under subch. IV of ch. 49 or the food stamp program under 7 USC
20 2011 to 2029.

21 SECTION 1356n. 49.33 (8) (a) of the statutes is amended to read:

1 49.33 (8) (a) The department shall reimburse each county for reasonable costs
2 of income maintenance relating to the administration of the programs under this
3 subchapter ~~and subch. IV~~ according to a formula based on workload within the limits
4 of available state and federal funds under s. 20.445 (3) (dz), (md) and (nL) by contract
5 under s. 49.33 (2). The amount of reimbursement calculated under this paragraph
6 and par. (b) is in addition to any reimbursement provided to a county for fraud and
7 error reduction under s. 49.197 (1m) and (4).”

8 **3.** Page 720, line 19: after that line insert:

9 “**SECTION 1373v.** 49.45 (3) (a) of the statutes is amended to read:

10 49.45 (3) (a) Reimbursement shall be made to each county department under
11 ss. 46.215, 46.22 and 46.23 for the administrative services performed in the medical
12 assistance program ~~on the basis of s. 49.33 (8)~~ according to a formula based on
13 workload. For purposes of reimbursement under this paragraph, assessments
14 completed under s. 46.27 (6) (a) are administrative services performed in the medical
15 assistance program.”

16 **4.** Page 750, line 22: after that line insert:

17 “**SECTION 1460m.** 49.496 (4) of the statutes is amended to read:

18 49.496 (4) ADMINISTRATION. The department may require a county department
19 under s. 46.215, 46.22 or 46.23 or the governing body of a federally recognized
20 American Indian tribe administering medical assistance to gather and provide the
21 department with information needed to recover medical assistance under this
22 section. The department shall pay to a county department or tribal governing body
23 an amount equal to 5% of the recovery collected by the department relating to a
24 beneficiary for whom the county department or tribal governing body made the last

co chairpersons of the joint committee on finance for submission of requests for consideration at the last quarterly meeting of the committee in calendar year 1999

determination of medical assistance eligibility. A county department or tribal governing body may use funds received under this subsection only to pay costs incurred under this subsection and, if any amount remains, to pay for improvements to functions required under s. ~~49.33(2)~~ 49.45(2)(b) 1. The department may withhold payments under this subsection for failure to comply with the department's requirements under this subsection. The department shall treat payments made under this subsection as costs of administration of the medical assistance program."

5. Page 1398, line 24: after that line insert:

"(18m) ADMINISTRATION OF MEDICAL ASSISTANCE.

By the date specified by the
Not later than December 15

~~1999~~ the secretary of administration shall submit a report to the ~~joint~~ committee on ~~finance~~ that specifies the position and funding modifications needed to transfer all administrative functions related to medical assistance, including administration of the client assistance for reemployment and economic support system, to medical assistance, from the department of workforce development to the department of health and family services. The secretary shall also identify in the report any administrative issues that the committee should consider with respect to the transfer."

either in whole, or, if possible, only

6. Page 1427, line 8: after that line insert:

"(2p) ADMINISTRATION OF MEDICAL ASSISTANCE. On the effective date of this subsection, ~~all~~ *those portions of any* contracts entered into by the department of workforce development *that relate* relating to the administration of medical assistance, that are in effect on the effective date of this subsection, remain in effect and are transferred to the department of health and family services. The department of health and family services shall carry

*that relate to
medical assistance*

1 out any contractual obligations under those contracts until the contracts expire or
2 are modified or rescinded to the extent permitted under the contracts.”.

3 **7.** Page 1473, line 12: after that line insert:

4 “(10m) ADMINISTRATION OF MEDICAL ASSISTANCE. The treatment of sections
5 20.445 (3) (dz) (by SECTION 467b), 49.33 (1) (b) and (8) (a), 49.45 (3) (a) and 49.496 (4)
6 of the statutes and SECTION 9157 (2p) take effect on March 1, 2000.”.

7 (END)



State of Wisconsin
1999 - 2000 LEGISLATURE

LRBb0583/4
TAY:wlj:jf

LFB:.....Goldman - Administration of CARES

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10 finance that specifies the position and funding modifications needed to transfer all
11 administrative functions related to medical assistance, including administration of
12 the client assistance for reemployment and economic support system, either in
13 whole, or, if possible, only with respect to medical assistance, from the department
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