

SENATE COMMITTEE ON HUMAN SERVICES AND AGING

Paper Ballot on Senate Bill 419

Senate Bill 419 authorizes a person who determines eligibility for MA, other than a person in a DHFS office or county department of human or social services, to review and update the existing records of any MA applicant, regardless of whether the applicant's case has been assigned to the person making the eligibility determination. The bill also requires DWD to make the CARES system available to a person who determines eligibility for MA so that the person may review and update an applicant's records on the CARES system.

Moved by: Senator Robson

Motion: Recommend passage

Aye

No

Signature: _____

Robert Winkel

Date: _____

3-13-00

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Moved by: Senator Robson

Motion: Recommend passage

Aye

No

Signature: _____

Carol Roessler

Date: _____

3-13-00

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Moved by: Senator Robson

Motion: Recommend passage

Aye

No

Signature: Peggy Rosenzweig

Date: 3/13/00

SENATE COMMITTEE ON HUMAN SERVICES AND AGING

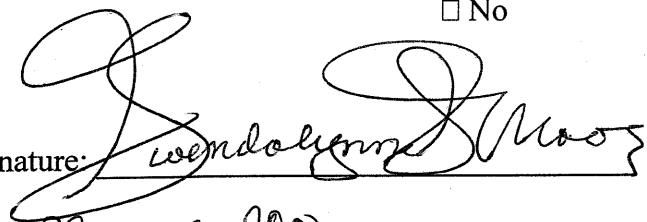
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Moved by: Senator Robson

Motion: Recommend passage

Aye
 No

Signature: 

Date: March 13, 2000

CARES
- SB 419 ->
AFSCME
- food stamp
error ->

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Moved by: Senator Robson

Motion: Recommend passage

Aye

No

Signature: _____

Date: _____



Robson

JUDITH B. ROBSON

STATE SENATOR • WISCONSIN LEGISLATURE
CHAIR, HUMAN SERVICES AND AGING COMMITTEE
CO-CHAIR, JOINT COMMITTEE FOR REVIEW OF ADMINISTRATIVE RULES

To: Members of the Senate Committee on Human Services and Aging

Re: Paper Ballots

Date: March 10, 2000

Attached please find paper ballots on the following bills:

- SB 353, relating to funding grants from DHFS to food pantries;
- SB 407, relating licensure of occupational therapists and creating an affiliated credentialing board;
- SB 413, relating to the sale of cigarettes not intended for consumption in the United States;
- SB 418, relating to placement of a child for adoption outside the county where the child is located; and
- SB 419, relating to authorizing a person who determines eligibility for MA to review and update the existing records of an MA applicant, regardless of whether the applicant's case has been assigned to the person making the eligibility determination.

Please return your ballots to me no later than noon on Monday, March 13, 2000.

HEALTHWATCH

4906 W. FOND DU LAC AVENUE
MILWAUKEE, WI 53216
(414) 449-4777



MARCH 8, 2000

To: Sen. Judy Robson, chair, State Senate Committee on Human Services and Aging
Hearing, March 9, 2000

From: Ken Germanson, staff, HealthWatch Coalition of Milwaukee

Re: SB 419

We are pleased to support the goals of this bill which would provide for easier access to Medical Assistance (T19) and BadgerCare by eligible low-income families.

Just eight months ago, BadgerCare came onto the scene with much hoopla. It was to assure the State's working poor and low-income families that they, too, could enjoy access to full medical care.

For nearly 60,000 Wisconsinites -- both adults and children -- that promise has already come true. They've been enrolled and now have access to health insurance, with the same benefits as those covered by Medicaid (T19).

There are still an estimated 25,000 individuals expected to be eligible for BadgerCare; in addition, there are thousands more children who are eligible for Healthy Start or other T19 coverages.

Currently, the Federal government and the State of Wisconsin has developed numerous outreach strategies to enroll these families in the belief that access to medical care will help to build strong, healthy families and productive citizens.

These, too, are the families that the State is seeking to help make the jump from

welfare to a life of self-sufficiency. The lack of health care insurance has historically been one of the major deterrents to families seeking to enter the workforce.

Sadly, many thousands of children and their parents are being denied access to these T19 and BadgerCare -- not because they are not eligible, but because of unnecessary bureaucratic hurdles.

SB 419 addresses some of the most prevalent of these hurdles.

Families face several hurdles -- often unnecessary ones -- as they apply for BadgerCare, or to include other family members in Healthy Start or Title 19. For instance, Milwaukee County and the State Department of Health and Family Services have cooperated in setting up nearly 40 outstation sites available to make it easier for families to apply for BadgerCare or Medicaid.

Sadly, when they get there, they may be told they have to go elsewhere, since that have an "open" case. An "open case" may occur if they are drawing other benefits such as food stamps, or if they have only in recent month stopped receiving such benefits. Usually they are told they must go to another site to contact their "regular worker," the one who is handling their case. This means trying to reach that worker by phone, almost an impossibility, since few workers answer their phones directly. They must wait for a "call back," which if it comes, may come when the family is not at home. Indeed, many families do not have phones, adding to this problem. Even if they get the worker, they may not be able to schedule the appointment for a month to six weeks in the future. In the interim, they will have difficulty getting medical care, except at an emergency hospital site.

This bill addresses this issue, by requiring the affected departments (the Department of Health and Family Services and the Department of Workforce Development) to jointly develop a plan to make it possible for outstation workers to register such applications or changes in the system.

The HealthWatch Coalition is composed of advocates, public health officials, providers

of care to low-income families and others in Milwaukee County to assure that low-income families gain access to quality health care. Our coalition sees first-hand the many hundreds of families who are denied access to services due to hurdles such as these.

We are pleased to note that representatives of the above-mentioned state departments, Milwaukee County Department of Human Services and the City of Milwaukee Health Department have been working jointly with advocates and others in the community to remedy many of these problems. Already, some 45 different changes have been recommended in the CARES system by the Div. of Health Care Financing.

We feel passage of SB 419 will help to add urgency to the need to remedy these problems.

It's time now to act. Any delay in overcoming these bureaucratic hurdles will put many more families at risk.

Thank you.

Ken Germanson, Community Advocates, 4906 W. Fond du Lac Ave., Milwaukee WI 53216. 414-449-4777



Aurora
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P.O. Box 343910
Milwaukee, WI 53234-3910
(414) 647-3000

TO: Senator Judy Robson, Chair
Member of the Senate Human Services and Aging Committee

FROM: Tom Reilly

RE: Senate Bill 419

DATE: March 9, 2000

Thank you Chairperson Robson and members of the committee. My name is Tom Reilly, Manager of Legislative Affairs for Aurora Health Care. I am here today to share our perspective as to why changes to the CARES system are needed, and the kinds of solutions that can resolve these problems.

I'd like to briefly give you some background on this topic. In 1998, the Legislature approved funding to establish Medicaid outstation units in hospitals and clinics throughout Milwaukee where eligible individuals can apply for Medicaid and BadgerCare. This was an important development. For the first time patients were able to enroll in health insurance programs within the walls of the hospital or clinic they were visiting. This outreach has proven valuable. However, it has not reached its potential for a variety reasons. Some of those reasons directly relate to the operations of the CARES computer system.

The CARES system is a computer system that enrolls eligible individuals in a variety of public programs, including Medicaid, food stamps, child care benefits, and others. Once an individual or his/her family member has been assigned a caseworker under the CARES system, they cannot receive assistance from another caseworker. Once someone has been assigned a caseworker, this is considered an "open case". It is all of these open cases that prevent the outstation units from becoming more successful.

If someone has a previously assigned caseworker for food stamps or child care, they have an open case. If someone has enrolled in Medicaid and therefore has an open case, and subsequently misses a review with a caseworker, they are cut off from Medical Assistance. This difficult situation is compounded by the fact that the outstation workers are not able to assist these individuals. They are referred back to their original caseworker, who is often unavailable or unreachable. Homelessness, language barriers, and inaccessibility of caseworkers are some of the reasons for missed reviews.

Since this legislation was drafted, Aurora Health Care and Milwaukee County have agreed to work on pilot project that would give County workers stationed in our hospitals full access to the CARES computer system. We are very hopeful that this project will significantly facilitate Medicaid enrollment in our hospitals. For example, at Sinai Samaritan Medical Center, our emergency room treats 800 people per month without health insurance. Our outstation site enrolls about 60 people per month into the Medicaid program. We believe we will at least double this figure when the county worker is given full access to the CARES system.

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Thank you.

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**DEPARTMENT OF WORKFORCE DEVELOPMENT
TESTIMONY – SB 419
MEDICAL ASSISTANCE ELIGIBILITY
MARCH 9, 2000**

Good Morning – my name is Rick Zynda, Director of the Office of Food Stamps and Medical Assistance in the Department of Workforce Development.

The Department is testifying in opposition of SB 419.

We met with Representative Riley's office on January 21 to discuss the provisions of this bill. The meeting included representatives from the Department of Workforce Development, Department of Health & Family Services, Aurora Hospitals of Milwaukee, and Milwaukee County Department of Human Services.

At the meeting, we agreed to evaluate the potential for a pilot project in at least one of the Milwaukee hospitals that is already an outstation site, where Milwaukee County eligibility workers take applications for Medicaid and other supportive services programs.

The pilot will allow Milwaukee County eligibility workers outstationed at a hospital to access existing cases in the CARES automated system, already open for some other programs, to begin the Medicaid eligibility process at the hospital location. This pilot will allow access to a case by more than one eligibility worker – to determine if there are any issues concerning the accuracy and correct processing of such cases when more than one worker is involved in determining eligibility and making changes to the case. The Department's primary concern has been that there not be any adverse effect on the accuracy of the eligibility and benefits in open food stamp cases that subsequently apply for Medicaid at an outstation site. The federal government imposes stiff penalties on the state if our food stamp error rate exceeds the national average.

Following this meeting, representatives of the same organizations met in Milwaukee on February 7 and agreed to conduct the pilot at two hospitals, St. Luke's and Sinai Samaritan. Milwaukee County agreed to closely monitor the necessary exchange of information between the outstationed workers and the ongoing workers in existing cases, to assure accuracy of all benefits. The pilot will be evaluated after 2-3 months of operation for effectiveness and potential for expansion to other outstation sites in Milwaukee and statewide.

Concerning the other part of the bill, which would require changes to the CARES system to allow for eligibility to be determined for a specific program, the system already has that capability. CARES allows testing for one program, such as Medicaid, or multiple programs, including food stamps, child care and W-2, based on the request of the individual. This allows the person or family to be tested for any supportive services contained in CARES – using the concept of one-stop-shopping at any main local agency locations, satellite offices, or outstation sites.

Therefore, CARES functionality currently provides what the bill is requesting. If this provision became law, in some situations, it could have the effect of limiting the Department's ability to give individuals the full array of services they may be eligible for.

If the intent is to do a complete redesign to allow workers to process only Medical Assistance applications without being able to do a request for assistance for other programs simultaneously, a plan for conducting such a redesign would take a year or more potentially. The staff and resources that would need to be dedicated to the planning for this redesign would be extensive.

Thank you for the opportunity to testify today. I would be happy to respond to any questions you may have.



"For these are all our children . . .
we will all profit by, or pay for,
whatever they become." James Baldwin

Testimony
by Linda A. Hall, Health Policy Analyst on
CARES Eligibility System Changes - SB 419
March 9, 2000

Medicaid and BadgerCare would be better programs -- better utilized by all eligible families and their children if it weren't so difficult to enroll in the programs.

The intent with BadgerCare, especially, was to create an insurance-like program that would get people in the routine of paying for and utilizing health insurance.

Think for a moment about how you apply for insurance. Your first day on a new job you are handed a form to fill out. If you have trouble with any of the questions on the form, there is someone there to assist you. You turn the form in and in a few weeks you get your health insurance card.

Not so for Medicaid and BadgerCare. You have to go to the County office, wait to see a caseworker, answer a lot of questions about your income and your family status. You leave with a list of information and documents to bring in to prove you are not lying about your income. Then you have to come back for another appointment with that same caseworker. If your car doesn't shut down, if your kids aren't sick, if your boss doesn't schedule you for extra hours AND if the caseworker isn't sick, doesn't have an emergency on another case, doesn't have a previous appointment run over so long that you have to leave for work AND if you were able to bring in every document AND the computer system doesn't break down while you are there, THEN you will be enrolled in Medicaid or BadgerCare.

But if one of these glitches happens, you have to come back for another appointment. Perhaps, you find out that there is another site where you can apply in the evening. You go there. You get in to see the outstationed eligibility worker, you have all the correct documents, but the worker can't put the information in the CARES system because that other caseworker who was too busy to see you is the only one who can change any information in your computer file.

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That's a welfare program, not a health insurance program. That's a system that only the sickest people will go through the humiliation and aggravation to sign up for and children who could benefit from regular health care and check-ups won't get signed up.

In some counties, caseworkers have large caseloads and can't see everyone promptly. In some counties, people have to travel long distances to get to the county office. And in most cases, people have to go during business hours somewhere other than work or their health clinic to fill out an application.

SB 419 does a simple thing. It allows trained, public employees from the same system to access the record of a person already in the CARES system to update income and other information.

When you apply for health insurance, you fill out one application and you're done. Medicaid and BadgerCare participants --- many of whom work two or three part-time jobs -- have to regularly update income information. If they fail to report changes of income within 10 days they can be charged a penalty fee. If they can't get to that specified worker, they can't get their change in the system.

Nearly 90% of the people on BadgerCare have incomes below 150% of poverty. Clearly the fact the people over 150% of poverty have to pay premiums is an issue in this phenomenon. But I have heard many, many stories of people who call about how to sign up for BadgerCare, but as soon as they find out they have to go to the county welfare office to do so, they lose their interest. They don't want to go through the humiliation and aggravation.

It's small, bureaucratic things like this problem with CARES that work together to create that negative image that keeps good working families and their deserving children from signing up for a basic need -- health care coverage.

This is a simple measure that will impact many, many applicants and could help to turn around the image of our health care programs for low-income families.