

2010 APHSA NATIONAL SPRING CONFERENCE
March 28-30, 2010
Washington, DC

- Opening session: Implications of Health Care Reform
Ann Kohler, Director of APHSA Health Services Department and Director, National Association of State Medicaid Directors

Discussion of the Health Care Reform being signed into law and several Medicaid changes including the follow:

1. Increase income to 133% of FPL
2. Current levels are frozen until 12/31/13 for Adults and 09/30/19 for SCHIP Children
3. Recalculation income....Eliminate income disregards
4. Eliminate asset test
5. Up to age 25 for Child Welfare kids
6. State option for Family Planning
7. Increase utilization of Nursing Home visitation services
8. Abstinence education funding
9. School-based health services...teen pregnancy prevention
10. LTC insurance program payroll deduction...similar to Medicare mandatory deductions
11. Create options for Community based LTC in a federally matched assistance program (FMAP)
12. Provide FMAP for LTC in community
13. Rehabilitation habilitation must be a part of the benefit package

Potential issues

1. Eliminate income disregards will increase cost to state budgets
 2. Will require changes to the Eligibility systems
 3. Loss of revenue through drug rebate restructuring
 4. Large expansion may cause access issues for everybody (not just Medicaid recipients) may not have enough doctors
- Cindy Mann, Director of CMS (Center for Medicaid and State Operations)
 1. Medicaid roles increased 3.3 million from 06/08 to 06/09
 2. Lowest uninsured rate since 1987 for Medicaid and SCHIP for children (increase in coverage for Americans in general)
 3. Studies show that enrollment is directly correlated w/improved access to care
 4. Feds must work collaboratively with states to avoid the “crunch” work ahead, deliver service improvements...assuring access to quality care

- Keynote address: Kathleen Sebelius, Secretary, U.S. Department of Health and Human Services (spoke for about 20 minutes)

1. Secretary Sebelius issued a challenge: Enroll 5 million uninsured children over the next 5 years

Create things called “Express Lane Eligibility” for quick enrollment...CHIPRA offers a bonus to states with increased enrollment....currently being piloted in NJ, Alabama, Louisiana and?...basically if child has income < 133% of FPL or whatever criteria is selected like residency, age, etc and are enrolled in other means tested programs, just do an automatic enrollment without the application being filled.....Secretary Sebelius says states are encouraged to adopt this concept

2. Proposes enrolling kids in insurance automatically by reviewing the 1040 tax form
3. Encourages states to think outside of the normal systems and normal funding sources to handle the increase in rolls

Four areas of Focus

1. Dedicated investment in children...are we truly putting the money in initiatives to support children?
2. New emphasis on prevention (too much effort on treating the effects)
3. Look at innovation...can't keep doing things the same way. States are the incubation of innovation....the feds goal is to allow flexibility and support (committed to working with states)
4. Feds can't do it along and must develop robust partnerships

Areas of Growth in the 2011 budget

1. Increase funding to Head Start which is needed to get people back to work
2. Work closely with the Dept. of Education to increase the same goals and leveraging resources
3. Insist on collaboration and innovation with all new projects
4. TANF received an extension of 2.5 billion

Note: No administrative funds are available for making this happen

State Strategies for dealing with the End of ARRA funding

- Carole Steckel, Director, Alabama Medicaid Agency and President, National Association of State Medicaid Directors
 1. Alabama has plans of going back to having one case manager for all 3 programs prior to 01/2011 in an effort to think “collectively and become client centered”
 2. Plans to stop fee for service practices and develop a medical home and a continuum of care
 3. Plans to figure out where the money is and marry their eligibility systems with other programs and not create silos (Has the highest workload of any system in the nation)
 4. paperless application system to be better managers, workers, etc

- Uma Ahluwalia, Director, Montgomery County Department of Health and Human Services
 1. Reduced the numbers of homeless families with children <18 in shelters...meet with families and sheriff during the evictions, required money management and budgeting classes...reduced hotel stays cost from over \$50,000 to less than \$20,000
 2. Reframe with community and hold the community accountable...to develop safety net within community
 3. single application for all programs

- Kevin McGuire, Executive Director, Family Investment Administration, Maryland Department of Human Resources
 1. Hired TANF recipients, trained them for one year and put them into case management
 2. Suggest that policy adjustments are needed in SNAP:
 - Get rid of Assessment management test
 - Get rid of Shelter test
 - Do matches/categorical eligibility
 - Develop partnerships with the community for them to take applications for you...you can get up to 50% reimbursement
 - Microsoft software has a system to tap into the free and reduced lunch program
 3. In MD, the Kasey Foundation has a program to work with foreign-born physicians and nurses to train and license them in the U.S. We need to tap into this type program immediately to increase access to care

APHSA Award Presentation

- Jerry Friedman, former APHSA president for eight years was awarded the “Lifetime Achievement Award”

Current Issues in SNAP

- Dottie Rosenbaum, Senior Policy Analyst, Center on Budget and Policy Priorities
 1. Integrating SNAP and Medicaid (health care reform) “program integration”
 2. Express Lane....enrolling into SNAP/Medicaid based on information from other programs
 3. Ford Project and participation grants are available

- Ellen Vollinger, Legal Director, Food Research and Action Center
 1. Review policy on Nutrition programs

2. Review 2012 Farm Bill

- Art Foley, Deputy Associate Administrator for SNAP, USDA Food and Nutrition Service
 1. SNAP grants are available
 2. \$5 million – 90 days from March 29 – June 27

- Blake Shaw, Senior Partner, Change and Innovation Agency Inc.
 1. Moving away from case management model
 2. Actual work time on a case file is about two hours
 3. Lapse time on getting benefits to clients is 12-30-60 days
 4. Proposal to swish the 60 days into two hours
 - More than 30-40% increase in caseloads
 - 70% of these clients are not applying for benefits, but are there because:
 1. we are taking too long to give them an answer so they call and take our time
 2. we didn't have what we needed to process the case the 1st time so the case is pended, requiring another interaction with the client
 3. we are "over verifying: info
 4. 70-80% re-apply within 3 months of denial (although the reason for the denial was the client's responsibility/fault) so we are spending out time seeing the same people over and over again
 5. Concept is to have a team of workers working on key processes....every client goes through the same basic process (intake, interview, eligibility determination, changes, reviews)
 6. Take the interruptions out of the work
 7. Standardize as many processes as possible
 8. Put more expertise upfront
 9. Don't look at who to blame, but what happened in the system
 10. Now in Washington State and New Mexico

- Jennifer Lange, Director, ACCESS Florida Program Office
 1. Hired view recipients to answer phones
 2. Expedited interviews over phone
 3. Had DOD (Department of Defense?) money

- Charr Lee Metsker, California, Deputy Director, Welfare to Work Division
 1. Uses online applications and form populates automatically when application has been completed previously
 2. Online reviews as well and the form populates the fields automatically so that the worker doesn't have to do as much data entry (50% now comes in on line)
 3. Integrated voice response system for client calls
 4. document imaging system

- Carmen Nazario, Assistant Secretary for Children and Families, US Dept of HHS...proposed different areas to look into:
 1. Join the Treasury Dept who sponsors a Community Food Project for Low Income Families
 2. Summer Youth with Dept of Labor
 3. Supplemental Poverty Measure...designed to define who is really poor...Dept of Commerce has more poverty measures as well
 4. Advance Planning Document Reform
 5. Summer Nutrition Program

Kevin Concannon, Undersecretary for Food, Nutrition and Consumer Services, US Dept of Agriculture

1. SNAP benefits touches 1 in 4 Americans today
2. Childhood Hunger elimination grant is being proposed/challenged
3. 32 million children have free lunch @ school....what happens to these kids during the summer?
4. Proposing to increase asset limit to \$10,000 for all means tested programs
5. Business process simplification...
6. Look for things to simplify access, program innovation, and collaboration...like categorical eligibility

Helpful tips on handling the Health Care Reform Act:

- Be client centric
- Develop multi-channel access (the internet holds many possibilities)
- Try social media (face book, twitter, blogs)
- Introduce a self-help path that may lead to more internet capabilities
- Integrated voice response (IVR) provides real-time interaction with clients
- Develop electronic work queues (Imaging and Scanning system)
- Be amenable centralized processing for things like mail processing, EW determinations, enrollment, insurance help, etc
- Simulate tasks and decide #'s needed in each process
- Join the Multi-State Collaboration
- Video and audio help
- Store notices on-line
- Share info on Safe link and lifeline w/clients

See <http://www.aphsa.org/Photos/APHSA-NAPCWA-Spring10.asp> for more information