



Goodhue County
Health and Human Services

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DATE: September 15, 2022
TO: Goodhue County Personnel Committee
FROM: Nina Arneson, GCHHS Director
RE: **Eligibility Worker 2 Provisional Workers - 2 FTE 2 years**

BACKGROUND:

Goodhue County Health and Human Services is requesting to add 2 provisional Eligibility Workers within our Economic Assistance – Income Maintenance unit for 2 years. This is due to the anticipated extensive workload increases with the ending of the Federal Public Health Emergency with the increased caseloads and work required by all Counties.

An eligibility worker determines the eligibility of clients for income maintenance programs and services; establish initial and on-going eligibility for multiple income maintenance programs; communicates program requirements and assists program participants in understanding how to maintain eligibility; supports programs participants in achieving the highest degree of independence and in addressing barriers to self-sufficiency; provides education, enrollment and assistance to managed health care enrollees; makes appropriate referrals to other community resources; and performs related work as assigned.

COVID-19 Public Health Emergency:

During the COVID-19 public health emergency counties must keep Minnesota Health Care Program (MHCP) enrollees coverage open during this time to comply with state and federal emergency rules; therefore counties will act only on certain changes during the COVID-19 emergency. The state receives enhanced federal funding during the COVID-19 public health emergency for services. To receive this funding, counties cannot process other changes that would result in reduced coverage or end their coverage.

During the COVID-19 emergency MHCP enrollees are not required to complete a renewal at this time. Enrollee's eligibility and coverage will continue during the emergency.

During the COVID-19 emergency, the Minnesota Department of Human Services (DHS) has temporarily suspended renewal, income review, and related reporting and eligibility verification requirements for Medical Assistance (MA) enrollees. The intent of this action is to ensure that MA enrollees do not lose eligibility for MA during the pandemic, unless the enrollee requests an end to coverage, moves out of state, or dies. These changes took effect March 18, 2020, and remain in effect until the last day of the month in which the Federal Public Health Emergency declared by the Secretary of Health and Human Services ends.

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After the Federal Public Health Emergency Ends:

DHS will be instructing Counties to do these additional steps after the COVID-19 Public Health Emergency ends. **This is expected to be a major work lift, and transition period for all County income maintenance work which will be also true here in Goodhue County.**

- **Restart of Health Care renewals for all active health care cases** over 12 month period after PHE (Public Health Emergency) ends. The Renewal process will be a new to many enrollee’s. It is expected Eligibility Workers we be responding to an increased volume of customer inquiries.
- **Verification for all health care renewals** complicated by discrepancies as enrollees may not have reported changes for the last 2 plus years. Eligibility Workers will have to do additional follow up to clarify discrepancies.
- **Account Validation Service (AVS)** was suspended during the PHE and Eligibility Worker will have to be run on each all Health Care renewal.
- The ability to **close cases after PHE ends will result in additional client contact, re-application and appeals.** Once negative actions are being taken on cases.
- Cases have been tracked during the PHE for adverse actions which cannot be updated until after PHE. Our understanding is that these **cases** that are being tracked **will need to be updated** in conjunction with the Health Care renewals.
- Many health care enrollees have accumulated assets that exceed the program limits. Those **cases** will have to be **reassessed** according to direction from DHS.
- **Transfer penalties** will have to be assessed for enrollees where an uncompensated transferred occurred during the PHE.
- **Eligibility Workers will have to follow two sets of policies during the 12 month transition based on whether the renewal has taken place, or not.**

Caseload sizes:

The caseload sizes of our Income Maintenance Unit (IMU) has increased during the public health emergency. The chart below shows the caseload for Goodhue County before the emergency February 2020 and current July 2022. The Minnesota Eligibility Technology System (METS) is used to determine healthcare and MAXIS is the computer system used by state and county workers to determine eligibility for public assistance and health care.

Goodhue County	February 2020	July 2022	% Change
METS Healthcare Cases	2,420	3,443	+42.3%
METS Healthcare Persons	4,846	6,989	+44.2%
MAXIS Healthcare Cases	1,536	1,727	+12.4%
MAXIS Healthcare Persons	1,578	1,783	+13.0%
Food Households	942	1,241	+31.7%
Childcare cases	114	127	+11.4%

Total IMU Cases	February 2020	July 2022	% Change
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METS Healthcare	2,420	3,443	
MAXIS Cash; Food ;Healthcare	2,282	2,532	
MEC ² (daycare)	114	127	
Total IMU Caseload	4,816	6,103	+26.7%

February 2020	4,816	283.29 cases per staff *
July 2022	6,103	359.00 cases per staff *
Adding 2 provisional EW	6,103	321.21 cases per staff

* staffing current 17 EW/Lead EW

In January 2011 HHS IMU case load per worker was 244 cases, which is now significantly higher. Near the end of the provisional period HHS will review the current active IMU case load and return to the HHS Board if case load per worker has not decreased after the public health emergency has ended to review whether one or both of these positions need to be permanent.

There are many impacts to having high caseload numbers. Applicants have longer wait times for determining their eligibility for obtaining public assistance or additional services. This could result in individuals and families not being able to meet their basic needs. Some people may need to delay medical care, which result in serious health consequences, or they not be able to receive vital medication. People may need to remain in the hospital instead of moving to less restrictive option, which would increase costs to the county. The vulnerable population served by the programs could experience serious, or even life threatening consequences. The impact of high caseloads is extended to the providers of services as well. Provider may need to wait longer to get service approvals, which affects their ability to be reimbursed in a timely manner.

These positions has funding from the Minnesota Department of Human Services (DHS) through Income Maintenance Random Moments Time Study (IMRMS). That reimbursement for the last 3 quarters has averaged 47.05%. The cost for an Eligibility Worker is below.

Eligibility Worker	2022	2022
	Single Health step 1	Family Health step 1
Rate	\$24.95	\$24.95
Gross	\$51,896.00	\$51,896.00
PERA/FICA/Medicare/Life	\$7,917.00	\$7,917.00
Health Coverage/H.S.A.	\$9,039.00	\$19,600.00
Total Cost	\$68,852.00	\$79,413.00

How does HHS propose to finance these two positions without increasing our levy for 2023 and 2024?

Below is the cost for 2 Eligibility Workers for 1 year.

HHS would receive 47.05% Federal reimbursement through IMRMS and use 52.95% of HHS Fund Balance Reserves. HHS has a healthy fund balance as a result of an accumulation of revenues minus expenditures for many years. When HHS assigns its fund balance for December 31, 2022 Current Assigned Fund Balance will be reallocated to assign funds for these positons for 2 years (approximately \$168,197).

	2022 Single Health step 1	2022 Family Health step 1
Eligibility Worker Cost for 2		
Total Cost	\$137,704.00	\$158,826.00
IMRMS Federal Reimbursement 47.05%	-\$64,789.73	-\$74,727.63
HHS Fund Balance Reserves 52.95%	-\$72,914.27	-\$84,098.37
Increase to Current Budget Levy	\$0.00	\$0.00

Fund Balance Report - Other Special Revenue Funds (Cash Basis)	
As of December 31, 2021	
	HHS
Fund Balance - Cash on Hand 12/31/21	\$13,499,131.00
<i>Less: Restricted Fund Balance</i>	
<i>Less: Committed Fund Balance</i>	
Petty cash and change funds	-\$550.00
Out-of-Home Placement Budget Deficits	-\$150,000.00
<i>Less: Assigned Fund Balance</i>	
HHS: State Hospitals Budget Deficits	-\$250,000.00
HHS: EDMS (Electronic Data Management System) Upgrades	-\$500,000.00
HHS: Potential State/Federal Funding Cuts	-\$1,000,000.00
HHS: Emergency Preparedness	-\$1,000,000.00
HHS: Mental Health	-\$1,000,000.00
HHS: Chemical Dependency	-\$1,000,000.00
HHS: Foster Care Budget Deficits	-\$1,000,000.00
Assigned For Health & Human Services Expenditures	\$7,598,581.00
Per Fund Balance Policy - Goal is 30-40%	40.35%
2022 Original Budget	\$18,833,946.00
	30%
	\$5,650,183.80
	35%
	\$6,591,881.10
	40%
	\$7,533,578.40
Committed Fund Balance Total	\$150,550.00
Assigned Fund Balance Programs Total	\$5,750,000.00
Assigned for Health & Human Services Expenditures	\$7,598,581.00
	\$13,499,131.00

RECOMMENDATION:

The HHS Department recommends approving the following:

1. Move forward immediately to post for 2 Provisional Eligibility Workers (2 FTE) for 2 years utilizing the MN Merit system. This posting would be for internal and external candidates. If an internal candidate is selected then move forward immediately to back fill that position until an external candidate has been hired to finish the process.
2. Hire after GCHHS Board's review and approval.