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INCOME MAINTENANCE ADVISORY COMMITTEE (IMAC)

June 15, 2023

1:00 – 3:30 p.m.

Zoom Link: https://dhswi.zoomgov.com/j/1605652920?pwd=emhLcklIMi83RmlpdW0vcjR1WHBtZz09

For audio dial: 1-669-254-5252 **Meeting ID:** 160 565 2920

Time	Topic	Presenter(s)
1:00 – 1:05 PM	Welcome	Katie Sepnieski/Lorie Graff
1:05 – 1:10 PM	Public Comment	All
1:10 – 1:15 PM	Approval of May 18, 2023, Meeting Minutes (Attachment)	Katie Sepnieski
1:15 – 2:00 PM	Department of Health Services Policy Updates	DHS Policy
2:00 – 2:30 PM	Subcommittee Updates (Attachment) a. Income Maintenance Operational Analysis b. Call Center Technical/Operational c. Fraud & Program Integrity d. Performance Monitoring e. Training (not presenting) f. Elderly, Blind, Disabled/Long Term Care (Attachment only)	Lorie Graff Kris Weden Mary Donahue Nicole Rolain
2:30 – 2:35 PM	Income Maintenance (IM) Funding and Contract Updates	Alicia Grulke/Lorie Graff
2:35 – 2:40 PM	Consortia Feedback: IM consortia will share feedback with DHS	Lorie Graff
2:40 – 2:45 PM	Administrative Memos	Alicia Grulke/Lorie Graff
2:45 – 2:50 PM	Regional Enrollment Network	Lorie Graff
2:50 – 3:00 PM	Announcements/Future Agenda Items	All

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*If you want to participate by web meeting, you can follow along at your computer by logging in as a guest to https://dhswi.zoomgov.com/j/1619409056 5 minutes ahead of time

Income Maintenance Subcommittee Key Messages
IMOA
Friday, June 2, 2023

Agenda Item	Message/Action/Motion	Assigned To/ Referred to IMAC	Deadline	Closure
DHS Policy/COVID-19 Updates	**MA:** Eligibility has ended for iC-only members that didn't take action to reapply by 5/31. This impacted an estimated 57,000 members. Eligibility was extended if an application was submitted but not processed as of 5/31, and for those who we received return mail for. Around 500 iC-only members will be receiving a final notice to take action, following the Department receiving returned mail that included a forwarding address. Between 500 and 800 members that are receiving Foster Care MA were sent an incorrect notice stating that their benefits were ending because they were not in an out of home placement. Corrected notices are being sent to these members. Following a question that was received this past week, DHS reviewed with the group the communications that went out around TB MA renewals. There was also a question submitted asking whether DHS plans any further communication to EBD/LTC members that need to again meet an asset limit. While no plans have been established, DHS will consider based on feedback. Feedback was received that language in the new unwinding dashboard around the 3-month late renewal period may be confusing for partners. DHS will discuss including more clarifying information on this in the training and dashboard meetings. **Food Share:** The updated vault card policies are being pushed out to give agencies time to make any necessary changes. The Op Memo is planned for September. FNS requires the Department to send out a survey to consortia to get feedback on how the last Food Share Interview waiver went (were there efficiencies, challenges etc.). Agencies can expect this survey soon. Again, it's referring to the waiver that's been in place during the PHE, not the new waiver they will be implemented soon for the unwinding. Based on consortia feedback, DHS will temporarily postpone implementation of the current Food Share Interview waiver. They will work on written guidance to assist consortia in determining whether an interview must be waived. Under the waiver, all consortia must waive interviews for cases that meet the criteria for the interview being waived. Implementation will proceed when DHS issues further written guidance.	IMOA Members	On-Going	

	DHS is monitoring and assessing the impact that the Debt Ceiling bill will have on the Food Share program. More information will be shared as soon as it's available. The question was asked whether any of the language around recovering unspent ARPA funds applies to funds that were allocated to consortia. Department response – No. Drug testing resumes, and student exemptions end, June 12th. The Department is in the closeout phase of the P-EBT program. Children with eligible absences on or before 5/11 will still qualify for P-EBT days. Last school issuance is 7/15. For Summer P-EBT, only children that are school aged (but not home schooled) are eligible. Summer issuance will be 6/17. 7/31 is the last day that a family can submit a claim for P-EBT. ****_Any questions about P-EBT or Summer P-EBT should be directed to: 833-431-2224. Or_ _PEBTsupport@wisconsin.gov_			
Unwinding Planning	• Call Center volume statewide has increased by 14.5%. • The Department is encouraging individuals with complaints to bring them directly to the appropriate consortium. If DHS receives a complaint, they will reach out to the consortium lead. • 2 Consortia are currently receiving assistance from the State LTE's. • About ½ of consortia staff that signed up to have access to the Unwinding Dashboard missed the training on 5/30. The Department is scheduling another session. Until training is complete, they won't be given access to the dashboard.	IMOA Members	On-Going	
Unwinding Task Force Updates	Last meeting was on May 13th. The meeting covered the policy updates for partners that are shared with consortia at IMOA and IMAC. Lorie Graff sent out the notes from the meeting to ESPAC members. Next meeting is 6/13.	IMOA Members	On-Going	
Training Updates	Power point was reviewed during the meeting and sent out to members. • 181 new workers have participated in cohorts since the transition to the new model in September 2022. • Reviewed the process for how the Training team is receiving feedback – feedback form in Coaches Corner of Cornerstone, learner, local coaches', and agency surveys. • They have had a very good response rate to the cohort surveys (84% for 6-week and 98% for 8-week EBD cohort). The response rate for the coaches' surveys has been much lower (12% for 6-week and 10% for 8-week). • Focus areas: VILT enhancements, ongoing review of timing, pacing and content of trainings, support for trainers and local coaches. • Next steps: Continuous evaluation of feedback to identify enhancements, ongoing model evaluation, incorporating ECF training environment project into content to enhance learner experience with doc processing.	IMOA Members	On-Going	
Genesys Update	Enhancements timeline is drafted (will be sent out shortly if not already). Goal is to have them completed by mid-July.	IMOA Members	Ongoing	
Security Update	Annual security audit will start within the next few weeks. As in past years, the reports will be sent to Consortia CARES Security Officers. Consortia should review to make sure the list of Security Officers is	IMOA Members	Ongoing	

	updated. If access needs to be added or increased, this can't be done through the audit reports. A new request needs to be submitted.
	
	Security has been receiving an increase in requests for advanced ECF View access. In the past, this access has been limited to supervisors only because it allows the user to edit, delete and download documents. When editing attributes, the user must be very careful, or it creates lots of problems (white screens etc.). Security understands that the increase in requests is to accommodate lead workers' assistance with the telephonic signature mismatch reports.
	**After much discussion, DHS will allow 1-2 additional individuals to have access for each consortium. The user must be a Lead worker, and the worker can only use access to process the mismatch reports.
	   Reminder:
	   • *Request for access must be submitted to DHS CARES Security using the F-00476 request form*
	   • *Check 'ECF" in Section 3*
	   • *Check 'Other' in Section 3, noting 'ECF View Advanced Functions for Electronic Signature Issue report'*
	   • *Requests are approved and submitted via the normal submission process to DHS CARES AIMS*			

W-2 RFP Evaluation 2025	Patara Horn, Bureau of Working Families Director, State TANF Administrator
	Power point was reviewed during the meeting and sent out to ESPAC members.
	   • W-2 hasn't been formally evaluated in 26 years. There's a need to measure service delivery effectiveness and identify opportunities to improve quality.
	   • Consultant – Social Finance- was awarded the contract in January 2023.
	   • W-2 Contracts are expiring in 2024, and new contracts will be issued in 2025 that include program revisions based on consultant recommendations.
	   • Anna Sainsbury is the lead from DCF and Ryan Erickson, from Social Finance.
		IMOA Members	Ongoing	

PT/FT Authorization Policy	Liz Riley, DCF WI Shares Program
	Power point was reviewed during the meeting and sent out to ESPAC members.
	   • Changes to the registration fees and PT/FT rates are being made to align with federal requirements.
	   • A registration fee of up to $125 will be paid.
	   • PT/FT Changes – 20 hours or less per week will be set at a Part-Time benefit amount. More than 20 hours per week will be set at a Full-Time benefit amount.
	   • Changes will streamline and simplify the authorization process.
		IMOA Members		

Compromising Claims	A Compromising Claims policy document and questions for consortia were sent out in advance of the meeting to prepare for breakout group discussions during the meeting. Each group was asked to share a couple of their answers with the larger group, and to email their remaining lists to Alicia. The list will be used to inform the Department as they continue to form and revise policies around Compromising Claims. The complete list will also be shared with members.
	   1. What questions or considerations do you have on the policy?
	   2. What questions or considerations do you have on the process?
	      • Monthly expenses included in the policy are beyond what can be used for Food Share expenses (handbook 7.3.3.4).
	      • If income and expense information would deny the claim, do we still need to request verifications (can we accept reported info)?
		IMOA Members		

	- Is there a statute of limitations for a claim- how far back can they request a compromising claim for? - Credit card payments- will we need to review purchases on the card statement for disallowed expenses? If we don't review, expenses could be allowed that shouldn't be allowed, or expenses could be allowed multiple times. - Will this increase IPV's? A worker may look at compromising claims as being out of their 'wheelhouse'. They may defer to just putting everything together for an ADH to avoid. - Need clarification on the use of SMRF's versus taxes. - If you have 2 liable parties: one leaves the home and the other requests a compromising claims consideration. If it's approved, does the person that didn't request end up owing the whole amount? ** Craig – No, it's a single claim. If it's zeroed out, there's no claim left for the second person. - Where are we getting the 3 years from? ** Craig – FNS regulations. - Concerns over workload and funding to support work. - If you scan to the CDPU and it's a closed case, who do you assign it to? - They don't have to tell us assets, but we will need them now? - If they request a compromise and you can see that they have a temporary decrease in income at the time of the request, can you look at longer period? What expectation is there for period to review for determinations? - What county is responsible for completing compromising claim request if several counties/consortia are involved in establishing the overpayments?			
Add-On Items:	DHS recently received a report of text messages sent from DHS that had a link within the text that looked like spam. The emails and texts that DHS is sending to members following returned mail <u>do</u> include a link that goes back to DHS. All information that's required to be provided to the member for the text and email to count as one of the contact modalities can't fit on the texts, so there is a link included in the text. How is the county determined when figuring out incentive payments? County that enters the claim into the system.	IMOA Members		
Future Agenda Topics (Attachment)	Policy updates, handbook and manual updates shared as part of policy updates, confidential cases, cross-departmental timeline, training cohort feedback.			

Agenda Item	Message/Action/Motion	Assigned to/Referred to IMAC	Deadline	Closure

OIG Updates for ITAU and PARIS/Trafficking	• Wisconsin submitted Replacement of Stolen Benefits Plan to FNS. The replacement process is targeted for full implementation in spring 2023 and will permit backdated replacement of benefits for eligible theft events that occurred on/after October 1, 2022. When the plan receives final approval, we will be sharing more details at future FPIP meetings.
	
	This plan details the following components of the program:
	  1. Requests Eligible for Replacement
	  2. Request Process
	  3. Request Validation and Benefit Issuance Process
	  4. Member and Agency Notification
	  5. Data Monitoring and Reporting
	  6. WI Benefit Theft Prevention Efforts
	
	• Metrics – Statewide $1.7 million in overpayments established 1/1/23-4/30/23 with 560 IPV's obtained (attached Report)
	• ITAU is fully staff. We are still receiving potential skimming related referrals, continue to investigate compromised cards, collaborating with other states on various prevention and education of members strategies. Reach out if need assistance with obtaining reports via ebtEDGE, CLEAR, etc.
	• DVM/DOT access – If agencies need access, use the following link to request. OIG does not approve this access.
	      Please refer any agencies to the link below for PARS access. They can select the "Government" option and that will get them on their way.
	      Wisconsin Interactive Network Subscription Services New Account
	• WAPAF – OIG presented Fraud Investigator Training in April. If you were unable to attend the training, OIG is available to provide it directly to a county agencies, if requested.			

PACU 2023 Stats	• Staffing - Finally fully staffed with the hiring of a financial specialist position in February • Stats through 4/30/23: Claims establishment-approximately 1250 claims established across all 4 programs + JAL totaling $2.5M, which is a bit of an increase from the same time frame last year. Collections at $6.6M • At the last FPIP meeting, PACS introduced the process of their staff taking a proactive approach to getting you all documents and notes in your collection related hearings. They continue the process and believe it is going pretty well, but are open to feedback from the group either here or you can reach out to April Ferstl directly as well. • PACS presenting at WAPAF in the Fall – they will provide a general section overview, collection actions by program and review hearing materials - other requests and topics can be sent directly to April Ferstl.			

BRITS Updates	A BRITS Production hotfix was deployed on 4/21 for the display in the Referral Recent Activity grid. We have been actively working through several administrative efforts for rescheduling the BRITS Phase 2 go-live. We're currently performing an independent project assessment to ensure the remaining development and testing will be completed per the proposed timelines. Thanks for your continued patience and support while we navigate these project changes. The UAT planning group is adding program-specific steps for claim creation into the Phase 2 UAT test plan. Phase 2 development is focused on payment-related functionality and Job Access Loans. BI continues developing the data warehouse and designing reports. We're preparing to test a data conversion to migrate historical BV information into the new BRITS Phase 2 database. The Primary Product Users are working with the BRITS project team to identify and prioritize the top BRITS enhancements to be worked on after Phase 2 is released and stabilized. Items that are customer-facing or that impact multiple program areas are at the top of the list.			
FS Grant Update	USDA SNAP grant includes funding to stop skimming: mass PIN update policy, instead of issuing a new card FIS can un-PIN the cards instantly (user has to re-PIN it); can opt-in to not allow out of state usage (border states ok), have to opt-in for shipping to out of states address; will send a text if they un-PIN a card, for high dollar amount spent, and for out of state usage. Will know in August if awarded the grant.			
CLEAR Discussion	CLEAR discussion – Each consortium is allowed 2 employees/seats to have access through OIG's contract. OIG's contract his at maximum limit. Discussion if agencies need more access and if so, how many were interested. 5 "seats" need to be requested at a time with the monthly cost of approximately $360/mo. A list was created with those potentially interested in buying additional seats in the future.			
Action Items	Email Candice Canales, Tami Berg or Mary Donahue with agenda items			
Next Meeting	August 8, 2023 Future dates: 11/14/23			

Agenda Item	Message/Action/Motion	Audience/Recipient	Assigned To	Deadline

Outages and Issues	Intermittent issue with Agent login
	• After entering Tenant and Username Agents are being routed to State (WAMS) login site and cannot log in from that page.
	• In most cases when a ticket has been entered the Genesys support team has been able to guide the Agent through the troubleshooting steps and successfully log in.
	• Troubleshooting steps:
	  1. Close **all** browser sessions in **all** browsers
	    Including any instances of CWW.
	  2. Open another browser (Chrome, Edge or Firefox).
	  3. Clear browsing history.
	  4. Close browser.
	  5. Reopen browser.
	  6. Go directly to the Genesys Portal (do not use the Gateway page).
	  7. Log into Agent desktop.
			Genesys support team is scheduled to meet with platform provider 3 times a day through the end of the week until issue is resolved.	

Enhancements	Voicemail Reporting • Provides count of how many calls were sent to voicemail for each queue. Does not indicate if the member actually left a voicemail, only that they were sent to the voicemail queue. • Does not measure any calls that were sent to an agent's phone voicemail. • For reporting use Queue Voicemail Counts found at **CX Insights-Shared Reports-Custom** and filter for queues ending in **vm_vq.** Umbrella Agent Groups • Supervisors may now view all agents for their line of business (LOB) under a single agent group in Agent Desktop. • An umbrella static agent group has been created for each inbound call center. The new agent groups (AG) should contain all agents from their respective LOB. Users assigned as supervisors to the umbrella static agent group will be able to see all agents assigned to that AG in their **My Agent** tab on the **Agent Desktop**. • To view agents assigned to the umbrella AG select the umbrella AG from the **Groups** dropdown in the **My Agents** Tab. • Up to 50 agents can be viewed at a time. To see additional agents supervisors will need to toggle to additional pages at the bottom of the			

	application.
	• If an agent is missing from the LOB umbrella group the individual can be added to the static group by local Admin. See Genesys User Guide 8.1.5 Adding an Agent to an Agent Group.
	• If the umbrella group for their LOB is missing for a supervisor a request should be submitted to the Wisconsin Help Desk to have the user added as a supervisor to the umbrella agent group.
	
	Agent Queue Statistics View
	• The following information will be displayed in queue statistics for agents:
	- Oldest Call Waiting
	- Average Wait Time for all calls answered and
	  Abandoned (not the same as Average Speed of
	  Answer which is average for only answered calls).
	- Calls in Queue
	• Agents will see all statistics on all queues, not just those they are assigned to.
	• Consortia can choose to opt out of Agent Queue Statistics View.			

User Guide Updates	New videos being added on 6/28/23 for the following: • Agent 3.1 – Agent Desktop Workspace • Agent 3.2 – Connect View Tab • Agent 4 – Setting a Status • Supervisors 7.2.2 – Interaction Recording Explore Tab: Searching for and Listening to Calls • General 11.6 – Submitting			
Historical Reporting Subscriptions	As of 6/16/23 all Genesys Historical Reporting email subscriptions created under any state Genesys support team member's account will be discontinued. All business areas wishing to continue to receive these reports should create and manage the subscription under a local user account. This does not include the IM Project Daily Call Stats sent to IM Agencies. See Genesys User Guide 9.2 Historical Reporting if you need help creating a subscription.			
Next Meeting	Monday, June 26, 2023 @ 1:00 p.m. DHSGenesysCloudProject@dhs.wisconsin.gov			

Income Maintenance Subcommittee Key Messages
Performance Monitoring Subcommittee
May 17, 2023

Agenda Item	Message/Action/Motion	Audience/ Recipient	Assigned To	Deadline
RECAP of Mar 15, 2023 meeting	- Reviewed SMRF timeliness report - Discussed verification timeframe 20 day and application process after 4/1/23 - Reports-slight caseload decrease - Roundtable discussion: Shelter Expense - FSQC error rate 4.39%, CAPERS 28.38% - Potential PCR tool enhancements-currently being prioritized by DHS - Importance of alert processing-349 alerts-included in CCN and QC newsletter - FDSH Wage calculation process-guidance in PH 16.4.3.1	PM subcommittee	Molly Thomas	n/a
Consortia Assignment-Report Review	Intended to review Operations Dashboard report. Report is not available due to delay with FNS data in ad hoc query. Will push to next agenda to review.	PM subcommittee	Antonio Esterrich	July 19, 2023
Recent Policy check in	- Thank you to PRT-recent CCNs has helped with guidance - Will CCNs be in one place in PH so we can find them quickly on the phone? Will be stored in one central location - Clarification coming on 7 panel-not standard test; which 7 drugs should be tested - What classifies as a credentialed tester? (some have SW staff who administer) - FS HB "scheduled" drug test required-cannot be scheduled in CARES, should there be a standard letter? - Q&A coming out (this week) but delayed. - Frustrated by lack of clarification and information and having readiness to implement policies. - Some counties are manually tracking drug tests/letters. 349 alerts-if action is taken between AA and month 7 or 13, will that avoid the error from FSQC? If not, is it a State error? (LaTanya will take this back)	PM subcommittee	Ann Kriegel	n/a
Consortia & PCR Tool Reports	**Monthly Consortia Report** - All metrics within range - Reviewed SMRF timeliness specifically - Threw out 90% (been well above) and within 10 days (well within-3 or 4 days) - Call center-creeping up as expected - Increased use of Access.gov and ACCESS mobile up to 30-40% **Will need to review percentage of claims on report once overpayments return post PHE.**	PM subcommittee	Donna King	Oct 2023

	Pre-Cert review tool-Metrics Report • Error rates, reduced overpayments. On time processing for reviews. PCR Sampling review criteria. • Average hours per pay period is largest error, 20% of 13000 reviews; 23.6% in error. • 89.8% completion rate. • Reviewer proficiency. • ERROR monitoring dashboard-error cause and rate; top 10 error elements. • PCR Timeliness and Efficiency dashboard-viewed. • PCR Sample Criteria Effectiveness dashboard-viewed.			
FSQC Error Findings	• FSQC-FFY 23- Oct-Dec data at 4.94% cumulative error rate. • Top element by cost of error=wages and salary. • In Dec 16.39%, cumulative rate 18.13%. • Negative errors: Verifications 29.03%, Notices 22.25%, Wages and Salaries. • Reviewed graph of error trends since verify before deny from 46.15% to 16.39% from Oct 21 to Dec 22; policy change effective- Jul 22.	PM subcommittee	Dione Sanders	n/a

IMQA Eligibility Errors	**Top 3 element errors-Jan 1-Mar 31; 1st quarter of 2023**
	1. **Employment-66 errors**
	   a. 39 client errors for unreported income
	   b. 9 error on unreported income increases-in the case, not reported by client
	   c. Hours averaged incorrectly
	
	2. **Authorized Representatives 17 errors (free format letter in CWW can be sent out)**
	   a. 6 AR witness sign missing
	   b. 5 AR Form not in file
	   c. 4 AR signature missing
	3. **Confirmed asst group summary (10 errors)**
	   a. 7 Incorrect certification period
	   b. 2 FS Renewal extended (use renewal history feature)
	   c. 1 HC terminated during PHE
		PM subcommittee	Kris Bovee	n/a

Roundtable discussion and feedback sharing	• SMRF Performance Metric recommendation • Need a clear definition of timeliness • To be discussed further at July meeting • Best practice for case transfers needs review to help with timeliness/errors	PM subcommittee To recommend to IMOA	LaTanya Baldwin	July 19, 2023
PCR tool enhancements	• Pushed to 2024	PM Subcommittee	LaTanya Baldwin	n/a
Future Agenda items	• Case transfer protocol; best practices	Consortia	Co-chairs	TBD

Agenda Item	Message/Action/Motion	Audience/Recipient	Assigned To

Questions to group	• Closing MSP in CARES for SSI Medicaid Recipients
	   ◦ Agencies asked if MSP must be requested for SSI members in CARES.
	   ◦ Previous guidance has been that if there is a health care request on the case and the person has Medicare, the MSP request is updated to Yes, regardless of whether the person is an SSI MA member.
	   ◦ Our recommendation is that MSP does not need to be opened/can be closed for members who have SSI Medicaid. There could be rare situations where there are issues with the member's Part B premium getting paid with their SSI Medicaid, which can be addressed on a case-by-case basis. However, we will work with Gainwell to try to address fixing any systematic issues on their end and/or monitoring for when these issues arise.
	   ◦ We are considering whether to request a CWW maintenance item to **update CWW to fail MSP** in CWW for people getting MSP benefits paid through their SSI Medicaid benefit plan, and wanted to **see if this group has any concerns with that**.
	• Notices being sent to member pending DDB decision
	   ◦ Current understanding is that when someone is applying for Medicaid who needs a disability determination and is ineligible for BC+, agencies are instructed to deny the application at 30 days and reopen the case when the DDB decision comes in.
	   ◦ Subcommittee was asked what notices are being sent to the member when the application is denied.
	• Special Status Medicaid Issues
	   ◦ States are required to continue to provide Medicaid coverage to specified groups of former SSI recipients, **as long as they would otherwise be eligible for SSI payments "but for" certain Social Security payments** (or payment increases) they receive that put them over the income limit for SSI.
	      ▪ **503 or "Pickle"** protections prevent loss of Medicaid solely due to annual cost of living adjustments (COLA) to Social Security payments
	      ▪ **Disabled Adult Child (DAC)** protections prevent loss of Medicaid solely due to getting Social Security child payments as an adult whose disability began before the age of 22
	      ▪ **Widow(er)** protections prevent loss of Medicaid solely due to getting Social Security widow(er) payments
	   ◦ **Note:** Medicaid is also protected for 1619(b) participants. This group is not discussed here because their eligibility is not determined in CWW.		

Special Status Medicaid – Issues	To meet federal requirements for members of these protected groups, we **disregard a certain amount of Social Security income** when testing for Medicaid eligibility in CWW. IM workers are tasked with **manually determining the amount of Social Security income that must be disregarded**. There have been longstanding issues with this process that DHS working on improving. Following are the issues as		

we currently understand them. **We're looking for the group's feedback to help shape our potential improvements.**

Issue 1: We apply special status income disregards to Medicaid categories other than categorically needy SSI-Related Medicaid.

- To test if someone would be "otherwise eligible" for SSI, we should disregard the Social Security income **only when testing for categorically needy SSI-Related Medicaid**, which has the same income and asset limits as the SSI program.
- CWW currently applies the special status disregards when testing income eligibility for SSI-related MA, MAPP, MI, and MCW. We don't allow the deduction for MAPP premium calculations, patient liability, or waiver cost shares so it hasn't been a huge issue in the past.
- However, we are potentially making people eligible for **medically needy SSI-Related Medicaid with no deductible** who would otherwise have to pay a deductible.
- This didn't used to be an issue because the medically needy income limit was so close to the categorically needy income limit. Since the med needy limit was increased to 100% FPL in 2019, now there is a significant gap.

Issue 2: Workers use a manual process to calculate 503 and DAC disregards that is overly complex and error prone

- For example, for DACs, they must disregard the DAC payment (or payment increase) that caused them to lose SSI and all subsequent COLAs. IM workers are told to:
    1. Determine the gross amount of the initial DAC payment (or increase) that caused them to lose SSI.
    2. Calculate the amount of historical COLA increases to the DAC payment since they lost SSI by using this table.
    3. Determine if the member was previously getting a $95.99 SSI-E payment.
    4. Add the three amounts together and enter them into a disregard field on the unearned income page for the DAC payment.
    5. Each January, the disregard amount is increased automatically as part of the COLA mass change so that subsequent COLA increases are also disregarded.

- **Countable Amount "Frozen in Time" Proposal**
    o To my mind, a simpler way to understand this is that the **countable** amount of the DAC payment is $0.
    o or, if it was an **increase** rather than the initial payment that caused the loss of SSI, the countable amount is **the amount of the DAC payment they were receiving immediately prior to the increase** that caused them to lose SSI.
    o It would be a simpler and more coherent process to allow workers to **enter the countable amount instead of the disregard amount**.
    o The countable amount remains **frozen in time** because subsequent COLA increases must be disregarded for all special status groups.
    o With this approach, it would rarely be necessary to use the table in MEH –only in situations where you couldn't determine what the SS payment amount was in the month

	before they lost SSI, but you only know the current SS payment amount and the month and year they last received an SSI payment. **Issue 3: Sometimes we can't disregard the correct amount due to system limitations.** • The disregard amount needs to be based on the gross Social Security payment amount. When the member is self-paying, Medicare **premiums** are deducted from Social Security, and the **net amount of the Social Security payment** is what populates in CWW. • CWW was updated recently to add back self-paid Part B premiums to the member's gross income in the budget so that the gross Social Security amount is used for the income test, as federally required. This creates an issue for DACs who need to have their whole DAC payment disregarded. Because **CWW is not programmed to disregard an amount that is greater than the net amount populated by the SSA data exchange**, unless the worker uses some kind of workaround, CWW will count the Part B premium amount for the income test. • Further, if the former SSI recipient was also getting an **SSI-E supplement**, we should be disregarding that amount as well. This cannot always be applied correctly because CWW will not disregard an amount greater than the net Social Security payment. **Issue 4: Someone can qualify for special status protections under more than one category.** • **Example:** Some DACs receive a Social Security DAC payment (SSDC) based on their parent's earnings **as well as** a Social Security disability (SSDI) payment based on their own earnings. If the DAC payment caused them to lose SSI, they qualify for DAC protections, and we should disregard the entire DAC payment. If they were also receiving SSDI when they lost SSI, they **also** qualify for 503 protections, and we should disregard all subsequent COLA increases to their SSDI. • While there is nothing to prevent workers from entering the DAC disregard for the DAC payment and the historical COLA disregard for the SSDI payment, workers may find this confusing because they cannot indicate on the Prior SSI page that the person qualifies in both groups.		
CWW Updates Coming June 24, 2023	Cases in protective placement remain with the placing county, even if the member's residence changes due to an MCO move. We are adding a new protective placement indicator to make these cases easier to identify. • The Case Summary page will display a new **Case in Protective Placement** (Yes/No/Blank) indicator in the Contact Information section. • The indicator will be set via a new **Case Member in Protective Placement?** question on the **Representative Details** page. This response to this question will be optional and defaulted to blank. • The **Agency Transfer** page will display a yellow banner message if a worker tries to transfer a case in protective placement out of the current county using either the "**Transfer Case due to a change in County of Residence**" or the "**Administrative move within Consortium**" option. • We will generate the report based on case comments, but instead of systematically flipping the indicator to YES, the worker will have to actively make that switch from blank to "YES" on the Representative Details page.		

	CWW Updates - CWW Incorrectly Looking at Community Spouse's Assets and Failing LTC MA for 024 Over Assets during Asset Transfer Period.		
	Non-exempt assets owned by a community spouse must be counted for the CSAS calculation and the initial LTC eligibility determination. The community spouse is not allowed to divest assets for the first five years that their spouse is getting LTC MA, but apart from that, we no longer consider the community spouse's assets after the initial eligibility determination.		
	Federal regulations at 42 U.S. Code §1396r–5(c)(4) state that *"during the continuous period in which an institutionalized spouse is in an institution and **after the month in which an institutionalized spouse is determined to be eligible** for benefits under this title, **no resources of the community spouse shall be deemed available** to the institutionalized spouse."*		
	Prior to 6/22/2019, CWW was not counting the community spouse's assets after the initial LTC eligibility determination and during the asset transfer period (ATP). On 6/22/2019, CWW was updated to count the community spouse's assets during the ATP as part of a different work item, which was intended to correct an issue where the asset limit decreased during the ATP.		
	The LTC asset eligibility processes will be corrected to consider the community spouse's assets towards the total assets of the Assistance Group ONLY at the initial eligibility determination of an ATP. After the initial eligibility determination, only the institutionalized spouse's assets will be counted. If the institutionalized spouse meets the policy requirements for a new ATP, the community spouse's assets will again be considered for the new CSAS calculation and initial LTC eligibility determination.		

	CWW Updates -Health Insurance Premiums Not Pending and/or Being Counted Correctly for MIS MA When Gross Income Exceeds Cat Needy Income Limit
	    Verified health insurance premiums are deducted from patient liability.
	    We are fixing an issue where **unverified** health insurance premiums are being allowed in the Institutional Medicaid patient liability calculation.
	    CWW is allowing MI S to pass and incorrectly allowing the unverified (currently pended) premiums in the MI S patient liability calculation and not allowing the other verified premiums listed on the case. This issue is only occurring when income exceeds the cat needy limit.
	    This is being fixed with the June 2023 release.		

Upcoming Medicaid Eligibility Handbook Updates	• The August MEH release will not have any major changes of special relevance to EBD MA or LTC. • It is mostly updates to align language and structure with corresponding sections of the BadgerCare Plus Handbook.		
On the Docket/Requests	• Request for more frequent meetings. • Availability of "Medicaid-compliant" annuities. • Life Navigators Pooled Trust III (for disabled people 65 and older) –is a disability determination required for people who stopped getting SSDI due to getting SSRE? • Improving life estate content in asset section of MEH.		

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	• Forming smaller work groups to provide focused input on policy changes and their operational impact. • Spousal impoverishment automobiles.		
Future Meetings	Tentative next quarterly meeting date is October 17, 2023.		