

# HOUSE RESEARCH

## Bill Summary

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### Overview

This bill streamlines county duties by making changes to income verifications for program eligibility, requiring computer system simplification, providing certain required materials in alternative formats, aligning recoupment of overpayments across certain programs, and requiring alignment of eligibility verification and redetermination processes across certain programs administered by the Department of Human Services.

- 1 Electronic verification.** Amends § 119B.09, by adding subd. 4b. Authorizes county agencies to use all automated databases containing information regarding recipients' or applicants' income in order to determine eligibility for the child care assistance programs. Specifies that the information is sufficient to determine eligibility.
- 2 Computer system simplification.** Creates § 256.0145.
  - Subd. 1. Reprogram MAXIS.** Requires the commissioner of human services, as part of the enterprise architecture project, to reprogram the MAXIS computer system to automatically apply child support payments entered into the PRISM computer system to a MAXIS case file.
  - Subd. 2. Program the social service information system.** Requires the commissioner of human services to require all prepaid health plans to accept a billing format identical to the MMIS billing format for payment to county agencies for mental health targeted case management claims, elderly waiver claims, and other claim categories as added to the benefit set. Requires the commissioner to make any necessary changes to the SSIS system to bill prepaid health plans for those claims.
- 3 County electronic verification to determine eligibility.** Creates § 256.0147. Authorizes county agencies to use all automated databases containing information regarding recipients' or applicants' income in order to determine eligibility for child support enforcement, GA, MSA, and MFIP and related programs. Specifies the information is sufficient to determine eligibility. Prohibits state and county case workers from being cited in error, as part of any audit and quality review, for an incorrect eligibility determination based on current but inaccurate information received through a state-approved electronic data source. Requires reviewers to forward a corrective action notice to the caseworker for proper and immediate correction if there is a potential error. Specifies the caseworker

should use the most accurate information in making eligibility determinations.

- 4 Provision of required materials in alternative formats.** Amends § 256B.69, by adding subd. 30. Paragraph (a) defines the terms "alternative format," and "prepaid health plan."

Paragraph (b) allows prepaid health plans to provide in an alternative format a provider directory and certificate of coverage and other specified materials if certain conditions are met.

Paragraph (c) allows prepaid health plans to provide in an alternative format its primary care network list to the commissioner and to local agencies within its service area. Requires the commissioner or local agency to inform a potential enrollee of the availability of a prepaid health plan's primary care network list in an alternative format. Requires prepaid health plans to provide sufficient paper versions of the primary care network list to the commissioner and to local agencies to accommodate potential enrollee requests for paper versions of the primary care network list.

Paragraph (d) allows prepaid health plans to provide in an alternative format certain materials to specified persons as long as certain specified conditions are met.

Paragraph (e) requires the commissioner to seek any federal Medicaid waivers within 90 days after the effective date of this subdivision that are necessary to provide alternative formats of required materials to enrollees of prepaid health plans as authorized under this section.

Paragraph (f) requires the commissioner to consult with specified parties to determine how materials required to be made available to enrollees of prepaid health plans may be provided in an alternative format on the basis that the enrollee has not opted in to receive the alternative format. Requires the commissioner to consult with specified parties to develop recommendations relating to the conditions that must be met for an opt-out process to be granted.

- 5 Recovery of overpayments.** Amends § 256D.09, subd. 6. Exempts certain GA recipients from recovery of overpayments. Limits establishment of an overpayment to 12 months prior to the month of discovery due to agency error and six years prior to the month of discovery due to client error or an intentional program violation.
- 6 Overpayment of monthly grants and recovery of ATM errors.** Amends § 256D.49, subd. 3. For the MSA program, limits establishment of an overpayment to 12 months from the date of discovery due to agency error and six years due to client error. Specifies that no limit applies to the establishment period if the overpayment is due to an intentional program violation or if the client wrongfully obtained assistance.
- 7 Scope of overpayment.** Amends § 256J.38, subd. 1. For the MFIP program, limits establishment of an overpayment to 12 months prior to the month of discovery due to agency error and six years prior to the month of discovery due to client error or an intentional program violation.
- 8 Food stamp program; Maternal and Child Nutrition Act.** Amends § 393.07, subd. 10. Limits establishment of an overpayment to 12 months prior to the month of discovery due to agency error and six years prior to the month of discovery due to client error or an intentional program violation.
- 9 Alignment of verification and redetermination policies.** Requires the commissioner to develop recommendations to align eligibility verification procedures for all health care, economic assistance, food support, child support enforcement, and child care programs. Requires the commissioner to report back to the chairs of the legislative committees with jurisdiction over these issues by January 15, 2012, with recommendations and draft legislation to implement the alignment of eligibility verifications.
- 10 Alternative strategies for certain redeterminations.** Requires the commissioner to develop and implement by January 15, 2012, a simplified process to redetermine eligibility for recipient

populations in the MA, MSA, food support, and GRH programs who are eligible based on disability, age, or chronic medical conditions, and who are expected to experience minimal change in income or assets from month to month. Requires the commissioner to apply for any federal waivers needed to implement this section.

- 11**      **Repealer.** Repeals recoupment of overpayments (Minn. Rules, part 9500.1243, subp. 3).