

From: [Ken Ebel](#)
To: [*COMM Public Comments HIX](#)
Subject: Public Assister Service Levels
Date: Tuesday, October 23, 2012 11:07:41 AM

Currently, the existing system allows for Medicaid eligibility to be established by counties for the benefit of eligible clients. This system is relatively seamless as many clients who apply for and are eligible for cash grants, SNAPs, etc, are also eligible for MA. One stop eligibility. I am hoping the new system through the exchanges will allow a large county navigator role to allow client eligibility to still be established through staff support in the county system. Many of our MA clients are mentally ill, disabled, etc, and would have a difficult time establishing eligibility for MA without the assistance of their county social worker. Let's not have a new system that allows for clients to fall through the cracks.

*Ken Ebel, MSW, LICSW
Director
Sherburne County Health and Human Services*

From: Deborah.Huskins@co.hennepin.mn.us
To: [*COMM Public Comments HIX](#)
Subject: Public Assister Service Levels
Date: Tuesday, October 30, 2012 12:57:52 PM

Hello,

I respectfully submit the following comments on the Proposed Levels of Service for Public Assistors. Please let me know if you have questions.

The roles described for "assisters" overlap with many of the responsibilities that county financial workers currently have for Medicaid clients. "Individual/family guidance, assessment, access", "facilitating enrollment", and "advising individuals or families on the impact of changes in household income" are all responsibilities that county workers already perform for Medical Assistance (MA) clients. The difference seems to be that "assisters" will serve a broader spectrum of people who need health insurance (everyone from MA and extended MA populations to consumers wanting to purchase coverage from a QHP through the HIX). A large proportion of those needing help of "assisters" currently come to counties, and it is reasonable to assume that many will continue to come to counties even after the Exchange is available.

Initial questions that come to mind are: will counties have a role as "assisters?" If so, in what ways do financial workers fit into the "assister" vision? Assuming other entities also can be "assisters," what will the interplay between them and county workers? Will non-county "assisters" be able to help people apply for Medical Assistance? How will we avoid having people fall through the cracks?

The power point states that the work group will focus on roles and responsibilities, training, etc. in its future work. It is important to develop these aspects of operations soon, because it will take time to make the necessary changes and preparations. And, it is vital to have input from counties and others who will have to deal with the operational implications of the recommendations being considered.

Thank you,

Deborah Huskins

Deborah Huskins, Area Director
Hennepin County
Human Services and Public Health Department
330 S. 12th St., m/c 630
Minneapolis, MN 55404
Phone: 612-596-9563
Fax: 612-348-7645

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From: [Jerry Vitzthum](#)
To: [*COMM Public Comments HIX](#)
Subject: Public Assister Service Levels
Date: Wednesday, November 07, 2012 4:18:48 PM

Health Care Navigator/Broker Comments
Director Anoka County Economic Assistance Department

The written Navigator/Broker and General Advisory Committee documents are very vague about the role of the counties. We have heard verbal presentations that indicate a range of roles for Counties. Comments range from serving only the disabled and aged to being responsible for all Medicaid recipients. We think the State needs to very quickly engage Counties in a discussion about their role with the new health care system.

The Counties currently provide all eligibility determination for the Medicaid programs in the State and many counties also provide case services for the MnCare program. The Medicaid cases are complex with families often enrolled in multiple programs that are constantly changing. These cases require a fairly high level of customer interaction and ongoing casework. The cases are often enrolled in other county administered programs such as SNAP and cash assistance. Elected officials and customer expectations are that these services can be obtained in a non-duplicative and coordinated system. All 87 Counties maintain physical locations and infrastructure to support the cases. Staff are highly trained, requiring many months of training to support the complex programs. Anoka County alone has over 100 workers who determine and maintain medical program eligibility.

Due to eligibility changes we are concerned that the Medicaid population is going to increase and although eligibility will be simplified, most of these cases are likely to require staff assistance. It is important that the initial and ongoing support of these Medicaid services are well thought out and that proper staff and funding are available to serve this population.

With only 11 months to program start, we need to clearly define the role of counties so that proper preparation, hiring and training of staff at both the State and County level can be implemented on time.

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