



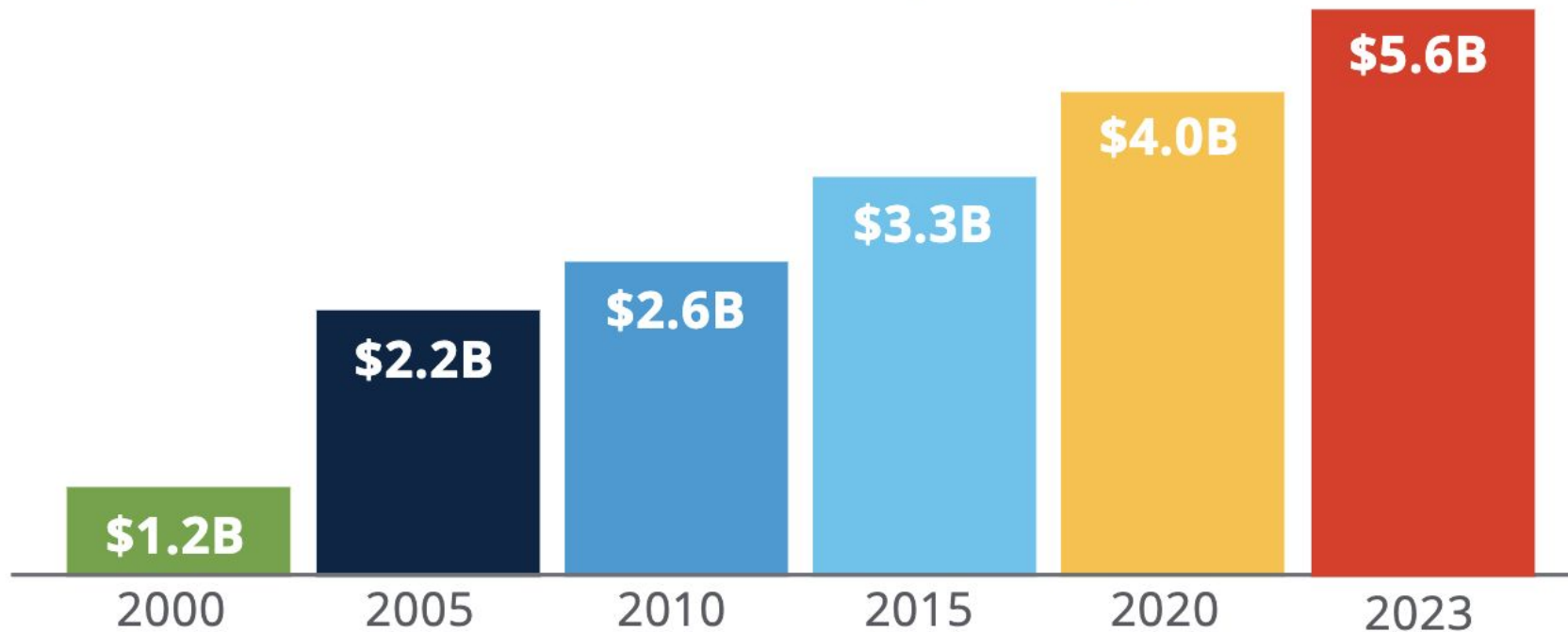
**Stopping Fraud by Design:
Reducing welfare fraud & dependency
and building the workforce**

*Sam Adolphsen, Policy Director
Foundation for Government Accountability*

Kansas Welfare Program	2000	Now
Kansas Food Stamp enrollment	116,000	187,000 (+71,000)
Food Stamp spending	\$82,700,000	\$416,000,000 (+\$333,700,000)
Kansas Medicaid enrollment	201,000	465,000 (+264,000)
Kansas Medicaid Spending	\$1,225,000,000	\$5,591,000,000 (billion) (+\$4,366,000,000)

KS'S MEDICAID PROGRAM HAS GROWN SIGNIFICANTLY

Total Medicaid spending¹



Welfare Fraud



OCT 27, 2023

 Copy Link

Sheriff: Woman wanted for \$250K in Kansas Medicaid fraud

Posted Oct 27, 2023 8:00 PM

HEALTH NEWS

Audit: \$16.3M 'wasted on ineligible persons' in Kansas

by: [Laura McMillan](#)

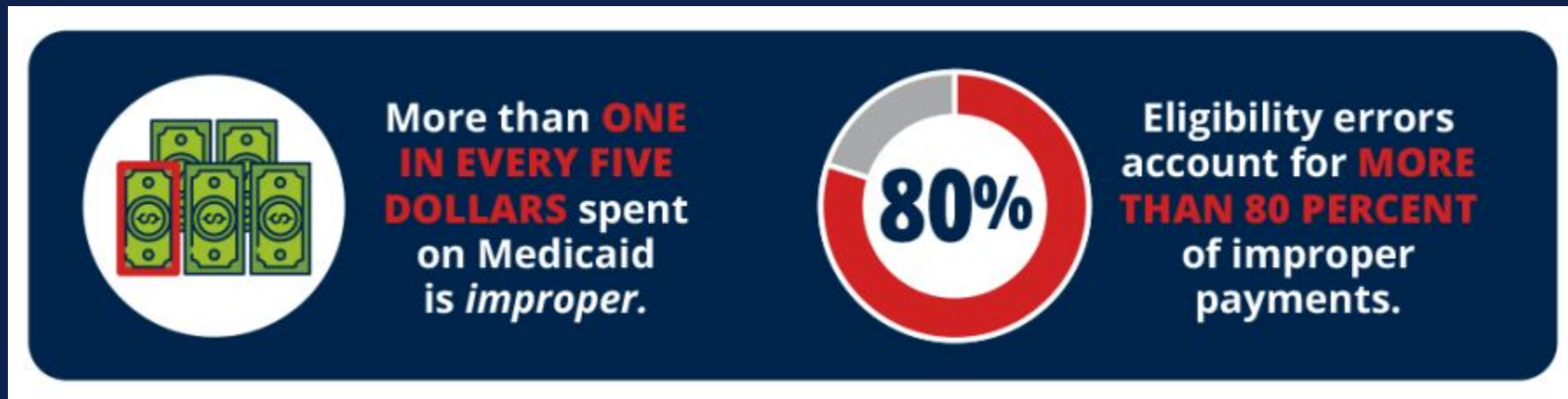
Posted: Dec 11, 2023 / 05:40 PM CST

Updated: Dec 12, 2023 / 06:53 AM CST

Overland Park woman ordered to pay restitution following Medicaid fraud

Medicaid Error Rate

- National error rate: 20% - \$80 billion in fraud and waste
- 87% due to lack of documents and “eligibility errors”
- **In Kansas, the Medicaid error rate is 27.8% and 99% are eligibility related errors**



Fraud by Design - Medicaid

- Banning redeterminations for years and requiring states to carry ineligibles (100,000+ in Kansas)
- Continuous coverage requirements
- Eliminations of asset tests throughout programs
- Presumptive eligibility expansions
- “Self-attestation” accepted
- Pre-populating forms
- No interviews or follow-ups on applications
- Trusting data to enroll, but not deny or un-enroll

Fraud by Design - Medicaid

Where do we go from here to keep people covered

The Biden-Harris Administration is closely monitoring states as this process continues but is committed to doing all that it can to keep people covered.

This is an **all-hands-on-deck effort**. The Biden-Harris Administration is bringing a **whole-of-government response** to this challenge. We are calling on states, members of Congress, the health care industry, community organizations, advocacy coalitions, and other public and private partners to step up and meet this moment – all parties must **do everything in their power to help people stay covered**. To help people retain health care coverage, this Administration is pursuing **four major areas of action**.

First, CMS is continuing to work with states to ensure **compliance with all federal Medicaid rules and that Medicaid enrollees retain the coverage they are entitled to**. CMS has a **comprehensive monitoring approach** in place to troubleshoot issues with our state partners and ensure federal rules are followed. If we find areas where federal rules are not followed, we will act swiftly using all levers at our disposal, **including requiring states to pause procedural terminations as outlined by Congress**.

Second, we are **asking all states to take up all the relevant strategies CMS has put on the table that simplify the Medicaid renewal process and make it easier for eligible individuals to renew their coverage**:



- **Not rushing Medicaid renewals.** Spread out renewals as evenly as possible by taking the full 12 months to initiate the renewal process.
- **Adopting all of the enrollment strategies and waivers CMS has outlined (which, as of this moment, not all states have done),** including more ways to auto-renew individuals and streamline the renewal process.
- **Aggressively partnering with managed care health insurance plans, hospitals, doctors, nurses, pharmacies, community organizations, employers, schools, and other partners** to get out the word to Medicaid enrollees. For example, **Massachusetts** is providing grants to community-based organizations to door-knock in certain

#	Strategy
A. INCREASE EX PARTE RENEWAL RATES	
1	Renew Medicaid eligibility based on financial findings from the Supplemental Nutrition Assistance Program (SNAP), Temporary Assistance for Needy Families (TANF), or other means-tested benefit programs*
2	Implement Express Lane Eligibility (ELE) for children
3	Renew Medicaid eligibility for individuals with no income and no data returned on an <i>ex parte</i> basis (\$0 income strategy)*
4	Renew Medicaid eligibility for individuals with income at or below 100% FPL and no data returned on an <i>ex parte</i> basis (100% income strategy)* (UPDATED)

Fraud by Design - Medicaid



Available State Strategies to Minimize Terminations for Procedural Reasons During the COVID-19 Unwinding Period:
Operational Considerations for Implementation
December 2023

#	Strategy	Example Scenario
A. INCREASING EX PARTE RENEWAL RATES		
4 	Renew Medicaid eligibility for individuals with income at or below 100% FPL and no data returned on an <i>ex parte</i> basis (“100% FPL income strategy”)	Julia has been continuously enrolled in Medicaid since July 2021. Julia, who is self-employed, has income recorded in the state’s eligibility system that is \$911/month or 75% of the FPL. The state Medicaid agency attempts to conduct an <i>ex parte</i> renewal for Julia in May 2023 reviewing all available earned and unearned income sources as reflected in the state’s Verification Plan. No data are returned. Julia’s eligibility may be extended from July 2023 through June 2024. Julia was able to have her coverage extended because the income on file from no earlier than 12 months prior to the beginning of the continuous enrollment condition is below 100% of the FPL, no verification data was returned from the data sources, and she meets all other eligibility criteria.
11 	Renew eligibility if able to do so based on available information, and establish a new eligibility period whenever contact is made with hard-to-reach populations	<p>Juan has been continuously enrolled in Medicaid since September 2021. Juan has \$0 income reported in the state Medicaid agency’s eligibility system. Juan’s renewal is scheduled for September 2023. In June 2023, Juan is unhoused and while staying in a temporary shelter, with support from a caseworker, Juan calls the state agency’s call center and provides information to the eligibility worker and attests that his income is \$0. The State conducts an <i>ex parte</i> review and confirms income eligibility for Juan. The State Medicaid agency may extend Juan’s coverage from June 2023-May 2024. Juan was able to have his coverage extended because the state renewed his eligibility based on the information that Juan provided.</p> <p>As a reminder, a state can only make an affirmative action based on this strategy and may not terminate coverage based on this strategy.</p>

Option 2: Treat the *Ex Parte* Determination as Final Susan Returns the Form, Information Does Not Impact Marco's Eligibility

Redetermination Actions for Household



Marco



Marco's coverage is renewed based on the *ex parte* determination.



Under Option 2, the information returned on Susan's renewal form does not impact Marco's eligibility even though such information is above the Medicaid and CHIP eligibility child eligibility levels. Under this option, once the child is found eligible via the *ex parte* process, that decision is final. Marco will receive another 12-months continuous eligibility, beginning the month after the last month of his current CE period.



The state can either:

- (1) Send an individual eligibility determination notice for Marco; or
- (2) Wait until the state has enough information to determine Susan's eligibility and send a single eligibility determination notice for the household, including both Marco and Susan's coverage determinations.



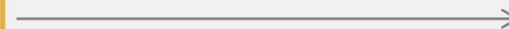
Susan



State sends renewal form.* Susan completes and returns the renewal form.



Susan completes and returns the renewal form with income documentation that verifies the household income is 300% FPL, which is **above** the state's adult Medicaid eligibility level of 133% FPL. Susan is not eligible on another basis and is determined ineligible.



State must provide Susan with the minimum 10 days advance notice and fair hearing rights before Medicaid coverage is terminated.

The state transfers Susan's account to the Marketplace.

Fraud by Design - Medicaid

California Health Advocates > Low Income Help > California Approved to Eliminate Asset Tests for Medi-Cal

Posted by Karen Fletcher on August 16, 2023



FEDERAL REGISTER

The Daily Journal of the United States Government



PR Proposed Rule

Patient Protection and Affordable Care Act, HHS Notice of Benefit and Payment Parameters for 2025; Updating Section 1332 Waiver Public Notice Procedures; Medicaid; Consumer Operated and Oriented Plan (CO-OP) Program; and Basic Health Program

A Proposed Rule by the Treasury Department and the Centers for Medicare & Medicaid Services on 11/24/2023

The Centers for Medicare and Medicaid Services (CMS) recently granted California's request to completely eliminate Medi-Cal's asset test as of January 1, 2024. This means that **beginning on January 1, 2024, income-eligible people will be able to access Medi-Cal's Aged and Disabled program, Medicare Savings Programs, and Long-Term Care programs regardless of assets.** California is the first state in the nation to eliminate its asset test for ALL Medi-Cal programs.

Fraud by Design – Food Stamps

- ~~BBCCE and waivers of Work Requirements for able-bodied adults~~
- New exemptions
- Waivers from face-to-face interviews
- “Zero income” applications required to be rushed without verifying
- Standard of conviction for fraud and cooperation not required
- Retailers can use EBT cards in their own stores
- FNS controls retailer authorization and is slow to act on fraud
- State doesn't get to keep enough of the overpayments

Fraud by Design – Food Stamps



United States Department of Agriculture

DATE: February 10, 2023

SUBJECT: Supplemental Nutrition Assistance Program (SNAP) – Extension of Waiver of Quality Control (QC) Face-to-Face Interview Requirement – October 2023 – September 2024

TO: All SNAP State Agencies
All Regions

This memorandum extends the Quality Control (QC) face-to-face interview waiver through September 30, 2024. This waiver allows State agencies to suspend requirements to conduct face-to-face interviews for active QC case reviews per

- **The state agency should adopt self-attestation of a SNAP applicant's homelessness status as allowed by guidance:**¹⁰ There are no new verification requirements to implement the new time limit exemption. Asking for verification of homelessness status can be embarrassing and even traumatic for people, and therefore, a barrier to application completion. Consistent with existing policy, a person's statement that they are experiencing homelessness (e.g., living in a shelter, temporarily living with someone else, living outside, etc.) should be accepted as proof of meeting the definition of a "homeless individual" unless the agency determines it is questionable. If the agency deems the statement is questionable, SNAP caseworkers could verify through collateral contact with a homeless shelter, a person they are staying with, any other individual aware of the individual's circumstances, or other means. In some instances, the agency may already have information on whether a household is experiencing homelessness if that information was used to provide a homeless shelter deduction.

Advocacy groups are petitioning for the end of SNAP interview requirements

Student and legal advocacy groups are petitioning the U.S. Department of Agriculture to lift the interview requirement for Supplemental Nutrition Assistance Program applicants to receive food aid

By CORA LEWIS Associated Press
January 16, 2024, 10:19 AM



Fraud by Design – Food Stamps



Home Weather Sports Submit It Livestream Latest newscasts Delays and Cancellations

Closings and Delays

State plans to decline summer EBT program for kids

Updated: Nov. 8, 2023 at 7:38 AM EST



Nebraska governor doubles down on declining summer EBT food assistance program

U.S. NEWS

Iowa won't participate in US food assistance program for kids this summer



Summary of Final Rule

Child Nutrition Programs: Community Eligibility Provision – Increasing Options for Schools

U.S. Department of Agriculture's Food and Nutrition Service, Child Nutrition Programs published a final rule in the Federal Register on September 26, 2023, to expand access to the Community Eligibility Provision (CEP) by lowering the minimum identified student percentage (ISP)¹ participation threshold from 40 percent to 25 percent. The rule gives more high-need schools the option to elect CEP and offer all students healthy school meals at no cost when it is financially viable for them to do so.

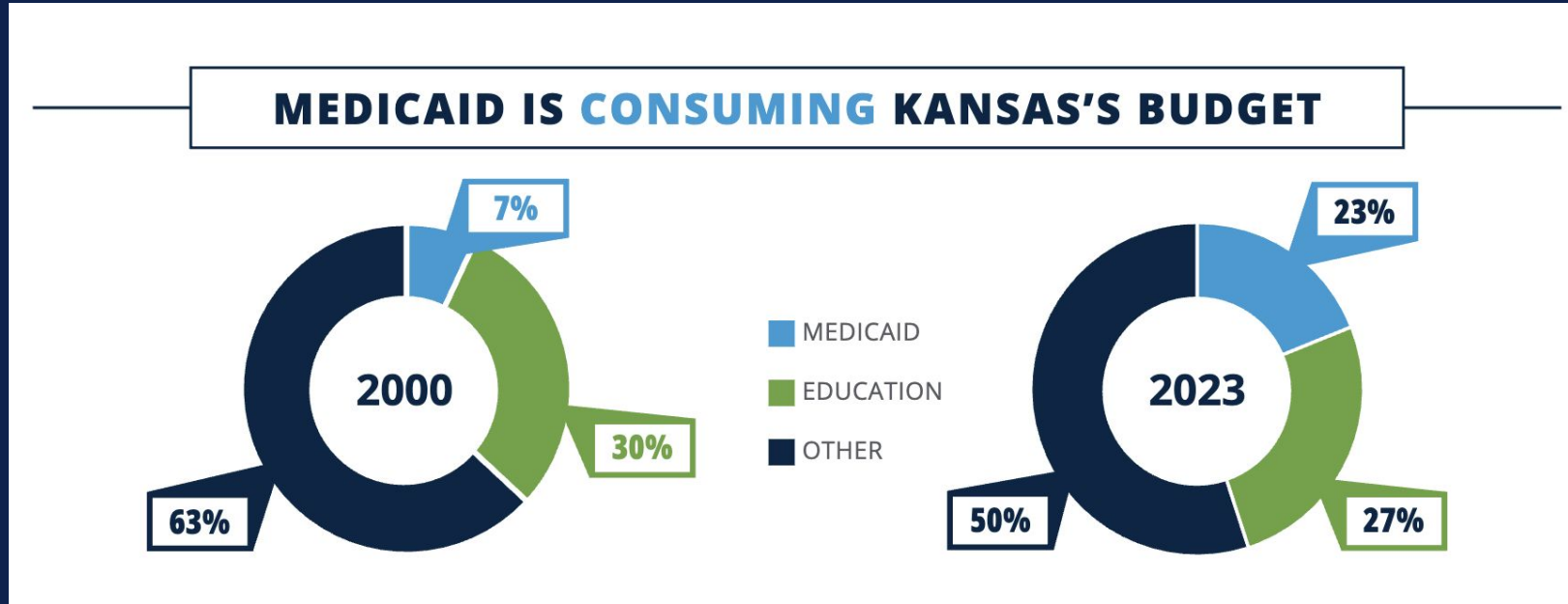
CEP Benefits

CEP allows schools to offer breakfast and lunch each school day at no cost to all students. CEP also eliminates unpaid meal charges, minimizes stigma, reduces paperwork for school nutrition staff and families, and streamlines meal service operations.

Changes to CEP as a Result of the Final Rule

Provision (current regulatory citation)	Previous Minimum ISP	New Minimum ISP (effective 10/26/2023)
Minimum ISP (7 CFR 245.9(f)(3)(i))	LEAs, schools, and groups of schools were required to have ISPs of 40 percent or higher to elect CEP.	LEAs, schools, and groups of schools are required to have ISPs of 25 percent or higher to elect CEP.

Why does it matter? Kansas Taxpayers



POLITICO PRO



New York faces widening budget gap over slow Medicaid enrollment purge says audit

BY: SHAWN NESS | 01/04/2024 03:44 PM EST

POLITICS AND GOVERNMENT

Colorado state budget concerns cast shadow over special session on property taxes

Why does it matter? The Truly Needy

7,700

Why does it matter? The Truly Needy

I/DD Waiver Enrollment & Waitlist

Wait List History

KANSAS REFLECTOR

NEWS POLITICS CIVIL RIGHTS ENVIRONMENT PODCASTS OPINION

HEALTH POLITICS - GOVERNMENT

'Typical lip service:' As Medicaid waitlists grow, Kansas parents see no path forward

Years of systemic underfunding have led to a pileup of waiting Kansans, with solutions scarce

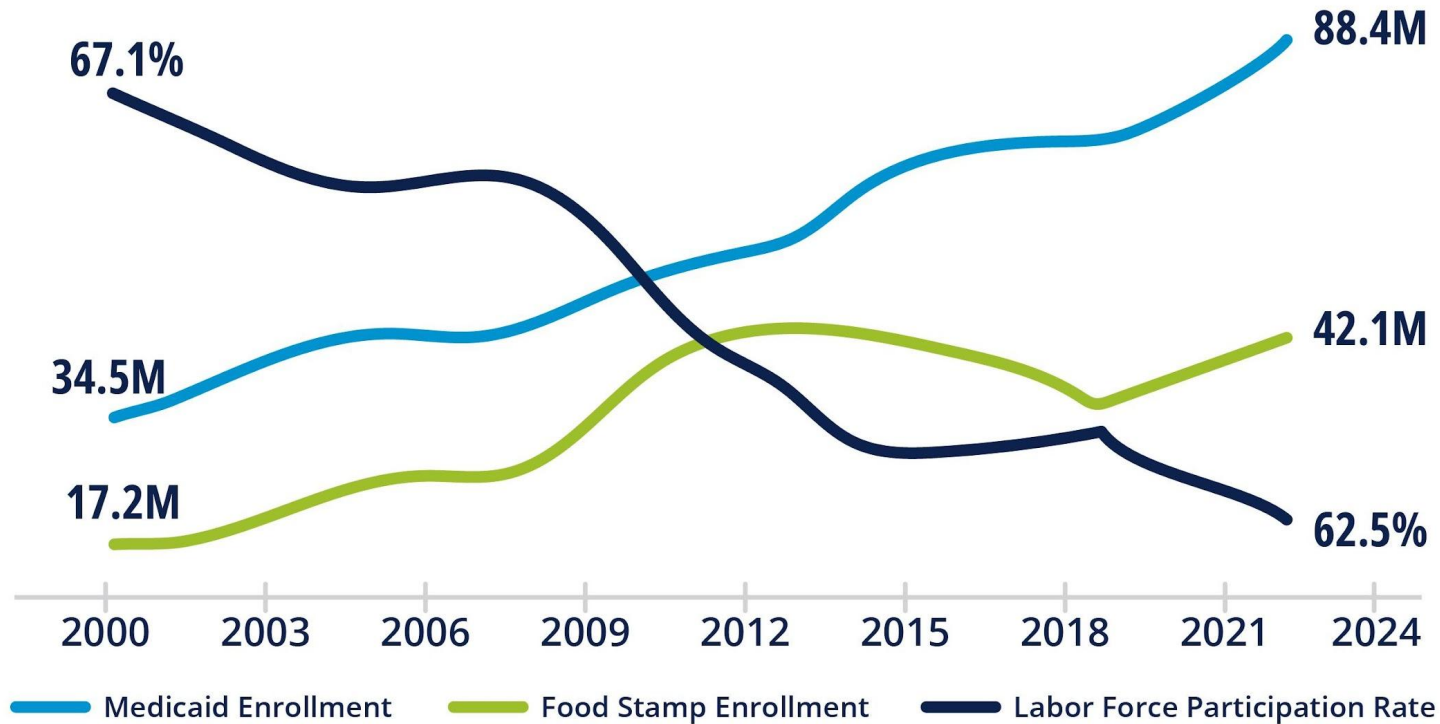
BY: RACHEL MIPRO - OCTOBER 17, 2023 9:00 AM



Why does it matter? Businesses and the Economy

86,000

Why does it matter? Businesses and the Economy



VIRTUAL STATE AGENCY JOB FAIR

Wednesday January 24, 2024
8 AM - 5 PM

We invite you to attend the State Agency Job Fair. With 700+ open employment opportunities across the State of Kansas, this is the perfect opportunity to find your next career or to hire an employee for your agency!



- Full-Time, Part-Time, & Internship Employment
- Healthcare Benefits
- Employee Discounts
- Retirement Plans

KANSASWORKS
A proud partner of the AmericanJobCenter network