

ULTCS Eligibility Subcommittee Meeting Notes
March 1, 2010

Present:

Mike Compton, OHCA
Brett Kirkpatrick, PACE/TriHealth Senior Link
Santee Ferguson, OAAAA/10B
Eric Miller, ODA
Dawn Kennedy, OANH
Mark Davis, OPRA
Joseph Branch, ODADAS
Mary Inbody, ODA, Interim Facilitator

Charter:

By consensus, the group agreed to the following changes: Under Purpose, add "initial and ongoing" before "Medicaid eligibility" to ensure inclusion of redeterminations and add "expedited" after "fast track," as a more universal term.

Research Needed:

1. Percentage of redeterminations turned down and cost for redeterminations.
Categories should include:
 - waiver participants by waiver (AL, PASSPORT as well as PACE and ICF-developmental center)
 - ABD participants by age
 - DD participants by age
 - Other DD participants not part of ABD populationIf available, it would be helpful to have the information by care setting and by county.
2. Other states using expedited, fast track, presumptive eligibility enrollment, how they are doing it and its cost effectiveness.
3. Average length of time to get new persons eligible?
4. Other states that do eligibility outside the State Medicaid authority, e.g., Colorado.
5. Rules regarding presumptive eligibility for PASSPORT and cost analysis, including percentage not eligible and cost impact.
6. Data on impact of waiting for services: delay of access to services resulting in a "sicker" person who needs more services.

Topics for Discussion:

Redetermination. Ensure that we are discussing both initial determination and redeterminations.

Streamlined eligibility. E.g., use of computer terminals in facilities. This would minimize financial loss to providers by determining more quickly whether the individual is eligible for the services.

Presumptive eligibility across populations, not just PASSPORT. There is a need for consistent application and formula.

Re-entry from prison system – need to be able to suspend, rather than terminate eligibility while incarcerated in order to be able to prevent poor consequences/recidivism due to inability to access timely services. Make it as seamless as possible to support continuity of care.

Disparity across counties. Metro counties often take 3 – 9 months due to understaffing. Address through training and advanced technology. Study marked successes in Wood, Stark and other counties. Staff turnover should not be an excuse.

IT/electronic solutions to allow for electronic submission of eligibility forms. This would necessitate CDJFS retooling how it does business.

JFS should be represented on this subcommittee.

Restrict ineligibles so they don't take services needed for those eligible.

Priorities:

Expedited system for those Medicaid eligible

- JFS – policy, budgetary and IT-related. No ongoing budget impact, but may necessitate one-time cost or infrastructure investment. Ensure MITS can handle. Policy decision for JFS to allow other contracted entities to determine eligibility (similar to how pharmacy costs were handled through CRIS-E,) and JFS could audit/monitor/verify eligibility.
- ODA – expedited system for presumptive eligibility across populations.