

Status ULTCS Eligibility Subcommittee Recommendations and meeting minutes from 6/3/10 discussion

Recommendation #51

Workgroup on Eligibility Processing

Establish a Workgroup comprised of participating state agency staff and stakeholder organizations with the goal to accomplish the following:

- 1) provide input to ODJFS regarding monitoring and evaluation of county eligibility processing and efficiency;
- 2) identify areas that could benefit from process improvement; and
- 3) allow suggestions for consideration in the development of process improvement.

Rationale:

The Workgroup will allow a venue for collaboration intended to look at ways to suggestions for efficiency, especially with reduced or eliminated delays in the eligibility determination process. The Workgroup could also be a forum to identify and disseminate best practices in collaboration and communication among those who interface with the CDJFS's (i.e. - *inquiries, applicants, consumers, authorized reps, providers*).

Recommendation #28 ***In progress***

A “worksheet” function should be incorporated to assist consumers in the financial eligibility determination process.

This is in progress and is tentatively slated for rollout, via an online web application.

Recommendation #53 ***Implemented***

ODJFS should establish a “help desk” of key personnel who can assist in interpreting Medicaid’s often complex financial eligibility requirements.

Recommendation #54.8 ***No planned implementation***

Implement a standardized orientation for all local staff regarding financial eligibility processing requirements.

Recommendation #29 ***In progress***

An online application for benefits should be created.

Recommendation #46

Eliminate Face to Face Interview Requirement for Initial Applications for Aged, Blind, and Disabled (ABD) Medicaid Benefits

The current requirement for face to face interviews for initial applications for ABD Medicaid benefits should be eliminated. However, Applicants should have the option for a face to face interview. Consideration must be given to the requirements of other federal programs covered in ODJFS’s common application procedures.

Rationale:

Eliminating the face to face interview requirement for initial applications for ABD Medicaid benefits will reduce overall processing time. In some cases, an applicant may want meet with the CDJFS to answer questions about the process or to clarify and information needed so that the CJFS may render a decision about the application. Particularly in those cases where the applicant is being assisted by an Authorized Representative who will have compiled all of the required information, the face to face interview will add time to the process for no added value.

Recommendation #18 ***Referred to Front Door Subcommittee***

A primary point of entry for a community (or region) should be identified as the focus of statewide marketing efforts.

Recommendation #36 ***Needs resolution***

Explore Pennsylvania’s fast track eligibility determination process requirement that providers start services within 24 hours of referral.

Recommendation #52 ***No planned implementation***

Expedited eligibility be should be utilized for home and community-based services beyond PASSPORT

Recommendation #54.6: ***Pending***

Increase the personal needs allowance (PNA) across settings and programs

Discussion: We did receive feedback from ODJFS that adoption of this recommendation would not be feasible because of budget implications. Several members of the workgroup felt that there should be some exploration of what limited scope options may be feasible to accomplish that would get at the issues involved but not have significant budget implications.

Follow Up: Jeff Corzine and LaTosha will work on identifying possible alternatives for addressing the PNA issue.

Recommendation #54.7: *Pending*

Research the possibility of counting judgments against a recipient such as child support, spousal support or a lien to pay a government agency (e.g. IRS) as an allowable deduction in order to offset the patient liability.

Follow Up: Sandra Park will do some preliminary research on this issue and report back to the workgroup.

Recommendation #75.3: *Referred to Services Subcommittee*

Create a state-funded room and board subsidy for couples and individuals who are low income but not eligible for SSI because Medicaid funds cannot be used to subsidize room and board in assisted living.

Outcome: Referred to Services subcommittee for consideration.

Recommendation #72.1:

Specific improvements to Ohio's assisted living Medicaid waiver program should be considered: a. Expand eligibility for the program to include consumers meeting level of care and income eligibility requirements who currently reside in the community.

Outcome: This recommendation has not been accomplished, however, any changes relative to this would require a change in statute thus articulating who would be eligible.

Recommendation #54.3: *No planned implementation*

Allow retroactive Medicaid eligibility to be applied for residents in assisted living in the same fashion as it is for NFs.

Outcome: The waiver does not allow retroactive eligibility as outlined in OAC 5101:3-33-04 (E) “The assisted living services HCBS waiver program enrollment date **cannot be made retroactive**, nor can the enrollment date be established to authorize assisted living waiver program services retroactively. The waiver program enrollment date shall in no way restrict retroactive eligibility for non-assisted living waiver services available to consumers through the Medicaid state plan.”