Disability Determination Redesign

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Making Ohio Better

Agenda

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Simplified Pathway to Coverage

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Introduction

Section 1634 of the Social Security Act: States can enter into an agreement with the federal government to use the Social Security Administration (SSA) to determine Medicaid eligibility for its aged, blind, and disabled population.

- This means individuals found eligible for Supplemental Security Income (SSI) are automatically enrolled into Medicaid and do not have to separately apply for Medicaid benefits.

Currently in Ohio:

- Medicaid eligibility for aged, blind and disabled individuals is determined by the Ohio Department of Medicaid.
- Individuals applying for SSI and Medicaid must apply separately for each program.

Ohio is transitioning to 1634:

- This transition simplifies the Medicaid eligibility determination process by eliminating the need to apply separately for SSI and Medicaid benefits. The transition also makes coverage available to more low-income Ohioans.

Overview of Policy Changes

History of 209(b)

In 1972 Congress expanded the Medicaid program to cover individuals who are aged, blind, or disabled.

Section 209 of this law requires states to provide Medicaid to anyone who receives Supplemental Security Income.

Paragraph (b) of Section 209 says that states **can choose to be more restrictive** - to have lower income or resource limits

- » 209(b) states are required to allow individuals to "Spend Down" to the more restrictive income limit.
- » The law also put in place some restrictions around "incurred" expenses for Spend Down.

Section 209(b) and Spend Down

Individuals can meet the Spend Down in Various Ways

Recurring

Person has established monthly costs or unpaid past medical bills that meet the Spend Down. Person gets their Medicaid card monthly without additional action on their part

"Pay in"

Spend Down is considered met as of the first of the month, even if the payment was made on the 15th

Delayed

Person "incurs" costs in the amount of the Spend Down. The cost is "incurred" whether the person pays up front or receives an itemized bill for services

Individuals can group expenses into certain months so that they meet the Spend Down in those months

The 1634 Option

The 1634 option **allows states to accept the Social Security Administration's decision** for SSI:

- In Ohio, **Opportunities for Ohioans with Disabilities** will make decision that a person is eligible for SSI.
- SSI beneficiaries are **automatically enrolled on Medicaid**.
- The state **does not reconsider** the determination.

Impact on Disability Determination

Opportunities for Ohioans with Disabilities collaborated with the **Social Security Administration** to leverage data available to the **Ohio Department of Medicaid.**

Previously, applicants were **required to file for SSI simultaneously while filing for Medicaid.**

Using SSA data via the State Data Exchange (SDX) database in cooperation with Accenture, **Medicaid can adopt the decision made by OOD for Social Security** without a separate disability determination.

Impact on Disability Determination

The SDX interface is a daily inbound-only batch process that is sent from the Social Security Administration (SSA) containing beneficiary and auxiliary information on individuals with Title XVI.

Individuals who are confirmed as blind or disabled through the SDX interface will be given active Medicaid in Ohio Benefits.

Impact on Disability Determination

Eliminates separate filing by the individual at county JFS and SSA offices.

More friendly process for the individual, **more efficient** to administer.

Application can be completed online at SSA.Gov

OOD working with ODM to **efficiently provide determinations** for workers with disabilities seeking Medicaid Buy-In (MBIWD)

Simplified Pathway to Coverage

Simplified Pathway to Coverage

The majority of individuals in the ABD category of Medicaid eligibility will have **no change in coverage**:

For some individuals they will have a **simplified pathway to coverage**:

- *Individuals receiving SSI but not Medicaid will be automatically enrolled in Medicaid*

Simplified Pathway to Coverage

Individuals with **income less than 75% FPL:**

» To longer need to spend down to 64% after June 30, 2016

» Full Medicaid coverage after June 30, 2016

Simplified Pathway to Coverage

Individuals with **income less than 138% FPL** who also have **Medicare coverage**:

» No longer eligible for Medicaid benefits after June 30, 2016

» Medicare coverage will not be affected

» May still be eligible for assistance with Medicare premium costs

Simplified Pathway to Coverage

Individuals **receiving long-term care services** with an income over 225% FPL:

- Total Individuals: 5,495
- Will remain eligible for Medicaid by putting excess income into a Qualified Income Trust (QIT)
- A state vendor will be available to provide hands-on assistance for individuals setting up trusts

Simplified Pathway to Coverage

Individuals **not receiving long-term care services, not enrolled in SRSP but are not enrolled in Medicare** with **income greater than 138% FPL:**

» No longer eligible for Medicaid after June 30, 2016

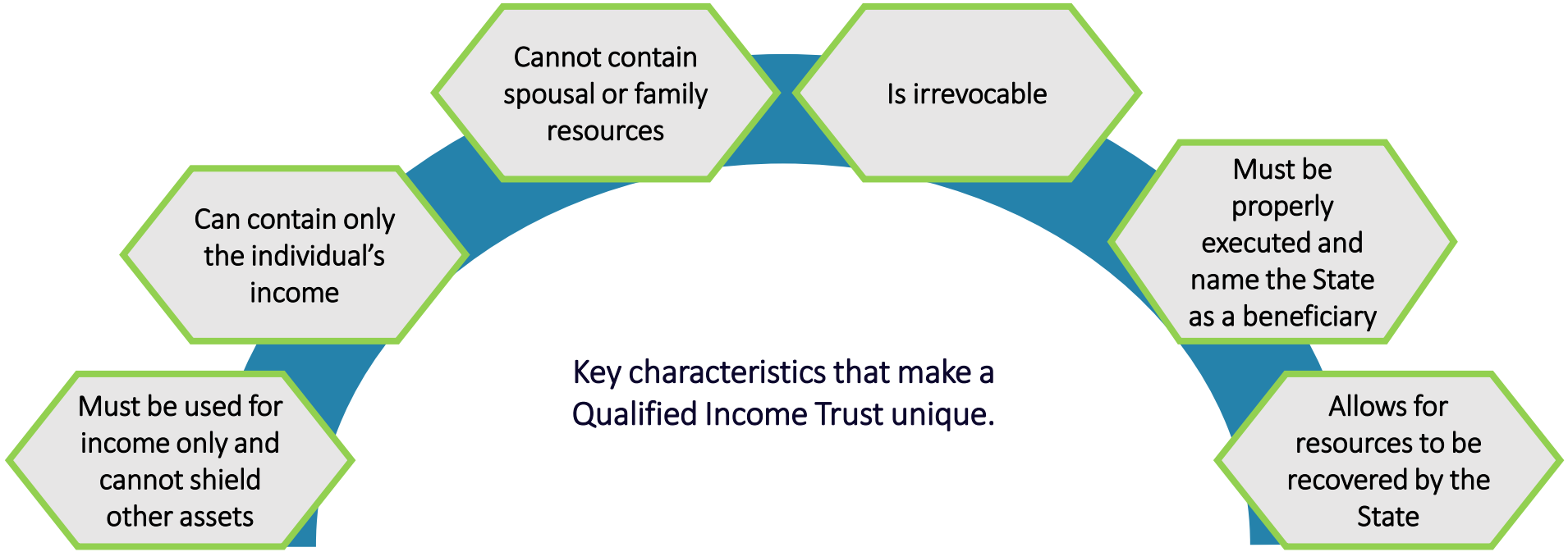
» May apply for coverage through the federal Marketplace Exchange

» Depending on income, may qualify for discounted health insurance

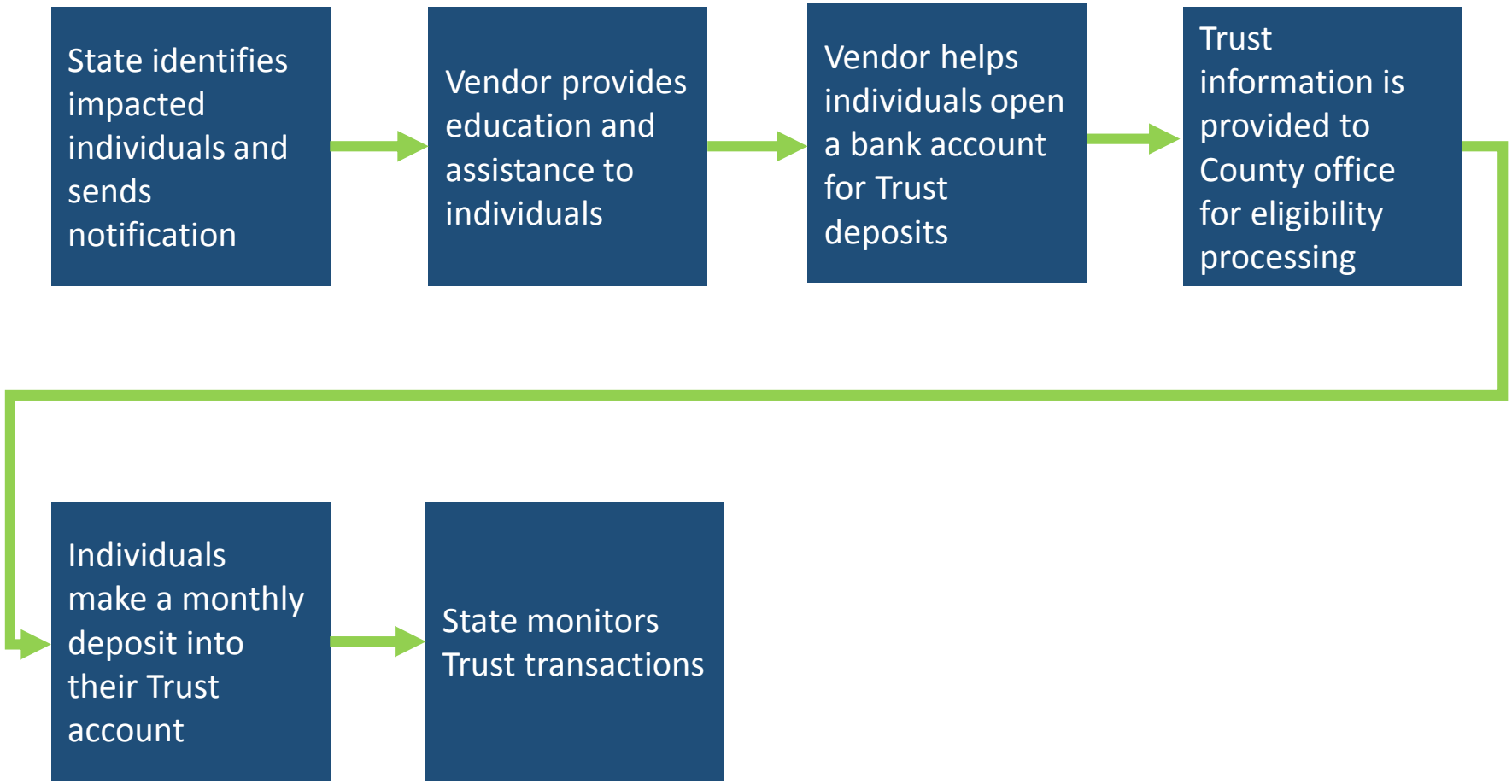
What Is a Qualified Income Trust?

A special legal arrangement to disregard an individual's income over certain thresholds.

An individual, their legal guardian, or their power of attorney may open a Qualified Income Trust.



Qualified Income Trust Process



Simplified Pathway to Coverage

Individuals with income up to **225% FPL** and diagnosed with **serious and persistent mental illness**:

- » Remain eligible for Medicaid coverage after June 30, 2016
- » May qualify for Specialized Recovery Services (SRS) program
- » Additional services provided under SRS program:
  - Recovery management
  - Individualized placement and support
  - Peer support

Specialized Recovery Services (SRS) Program

The new SRS benefit **includes standard Medicaid coverage, as well as recovery management, supported employment, and peer support:**

Individuals must:

- Have income less than $2,199/month
- Be at least 21 years of age
- Be diagnosed with a serious and persistent mental illness
- Need help with activities such as medical appointments and living skills
- Not be living in a nursing facility, hospital or similar setting

Specialized Recovery Services (SRS) Program

Identification

- ODM identifies potentially eligible individuals
- Individuals cannot be enrolled in both the SRS program and a 1915 (c) waiver

Communications

- Individual receives SRS program "educational" letter from ODM
- Individual's primary behavioral health provider notified of potential eligibility

Recovery Manager Outreach

- Individual randomly assigned to 1 of 2 Independent Entities (IE) in their region
- Individual can select the other (IE) if they so choose

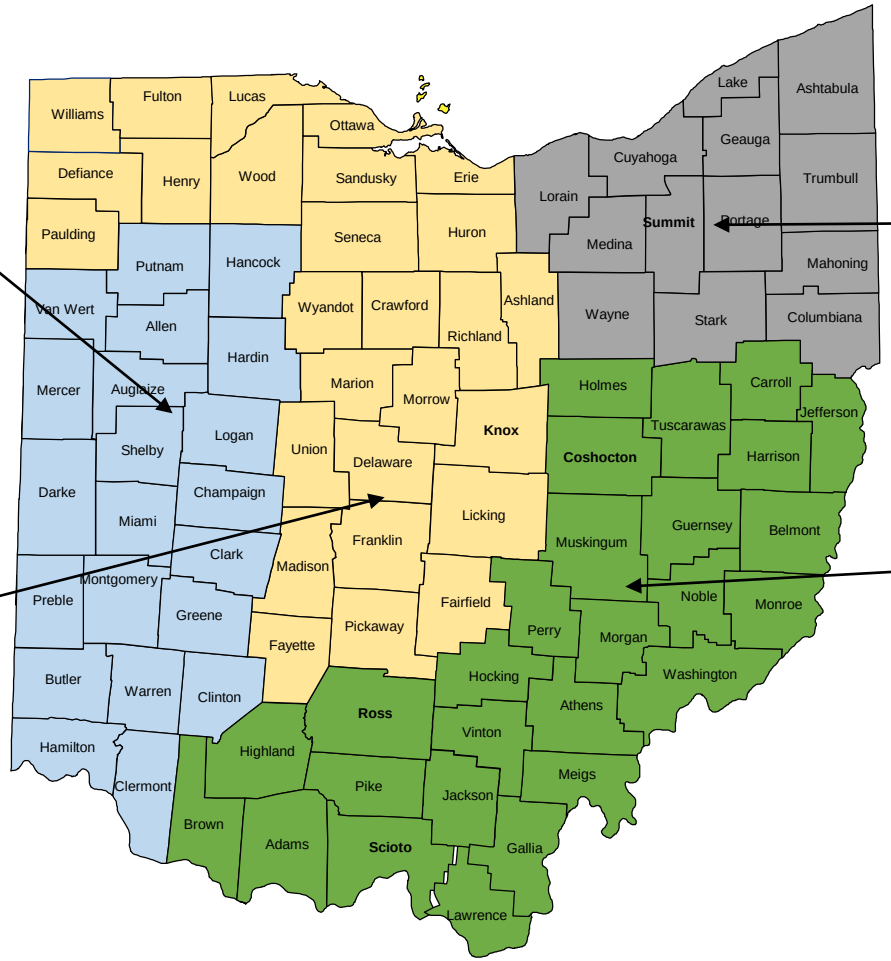
Ongoing Identification and Outreach

Specialized Recovery Services (SRS) Program

Ohio Home Care Case Management

Cincinnati Region
Available Recovery Management
Council on Aging
(855) 372-6176
CareStar
(800) 616-3718

Columbus Region
Available Recovery Management
CareSource
(844) 832-0159
CareStar
(800) 616-3718



Cleveland Region
Available Recovery Management
CareSource
(877) 209-3154
CareStar
(800) 616-3718

Marietta Region
Available Recovery Management
CareSource
(855) 288-0003
CareStar
(800) 616-3718

Specialized Recovery Services (SRS) Program

Once vendor selection is finalized:

- » Vendor assigns a Recovery Manager to the potentially eligible individual
- » Recovery Manger performs the following functions:
  - Schedules a face-to-face visit
  - Completes ANSA
  - Gathers information and clinical documentation
  - Develops preliminary service plan

Next Steps

Draft administrative code rules are being finalized to be put into clearance.

» Filed with JCARR in April 2016

County TA Unit and Ohio Benefits Team have begun **work on county worker training.**

Informational letters will be sent to impacted individuals in April 2016

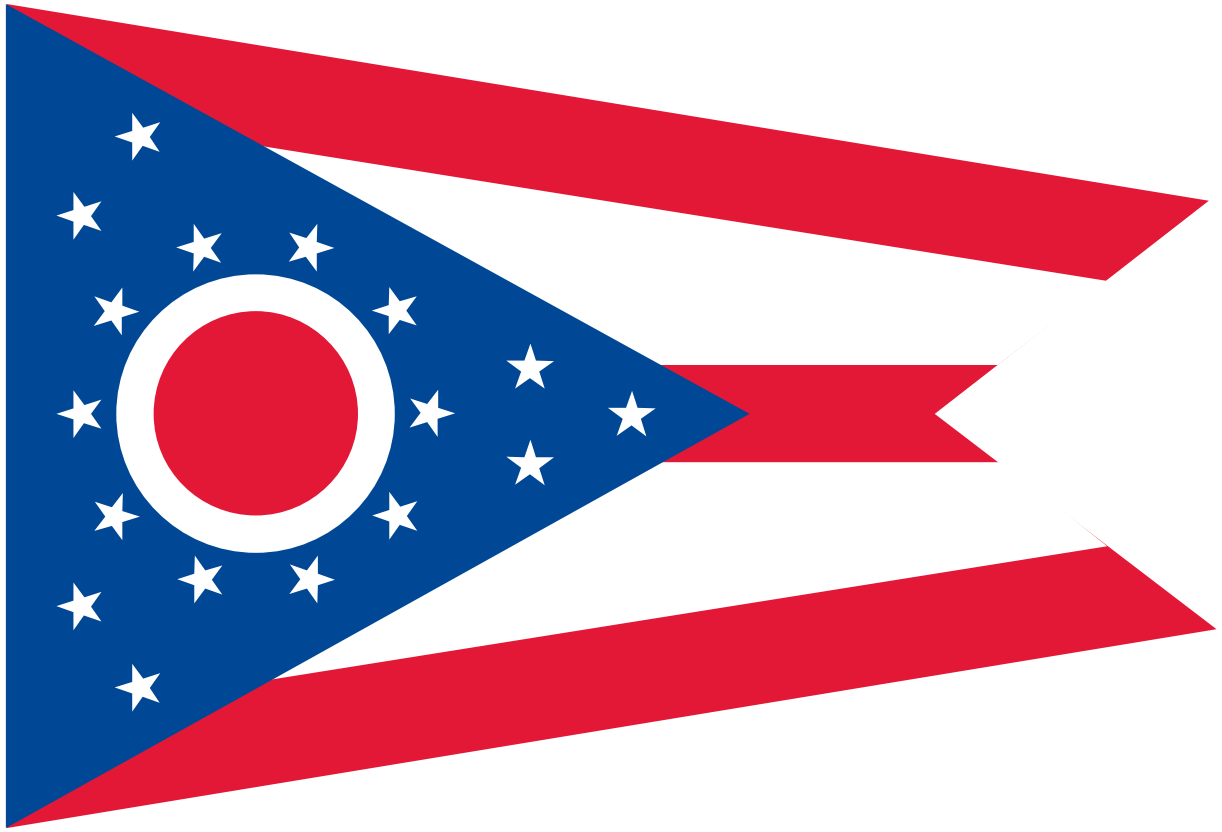
» Template letters and more information will be available on Medicaid.Ohio.gov.

Next Steps

Formal Notices with appropriate Hearing Rights will be sent to individuals who **are losing or will have a reduction in Medicaid coverage.**

Work continues with CMS to get approval of the necessary DDR and SRS program State Plan Amendments.

Vendors for the QIT and SRS program will begin reaching out to impacted individuals in April 2016.

Questions & Answers

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