

**Balancing Work Group  
Sub-Committee for the “Financial Eligibility”  
Recommendations**

Financial eligibility processes and policies with respect to Medicaid covered services in the delivery system for long term services and supports are a critical element in a consumer’s ability to exercise meaningful choice. The ability to determine the availability for Medicaid funds and the policies used to make those determinations have been identified as barriers to obtaining services and exercising consumer choice to remain in the community in today’s environment.

**Recommendations**

The recommendations for change relating to financial eligibility focused on four specific areas. These areas include the timely processing for eligibility determinations, the requirements for documentation and face-to face-meetings, the need for education and training, and policies impacting the financial eligibility determinations. Recommendations related to each of these areas of concern follow.

**Timely Processing**

*Recommendation 1: Encourage increased accountability in the county departments of job and family services for timely eligibility determinations and redeterminations.*

- Implement incentives and sanctions (if needed) to encourage accurate and timely processing. This may involve additional funding or redirection of existing funding.
- Require each county department of job and family services to develop contingency plans to address processing and timeliness issues.
- Ensure clear and consistent documentation of the status of each consumer’s application. This includes specifically identifying the information a consumer needs to submit in order to complete the determination process.

*Recommendation 2: Consider implementing expedited or presumptive eligibility for home and community based service programs.*

- Because a delay in the financial eligibility determination can effectively take choice from a consumer, it is essential that delays are avoided and/or mitigated.
- Presumptive eligibility is currently used in the PASSPORT program. In the event that eligibility is eventually denied, services purchased to date must be reimbursed with state funds.

*Recommendation 3: Utilize technology to develop a financial eligibility process that is more user friendly.*

- Provide a link on the ODJFS website to websites containing information necessary to the financial eligibility determination process (e.g., websites where you can obtain copies of deeds, titles, tax information, etc.)
- Utilize the Benefits Bank as an information resource.
- Consider utilizing an internet based application process. This may include incorporating functionality to make at least a preliminary financial eligibility determination in the Internet based “Front Door” that could be used by agencies (e.g., area agencies on aging, county boards of MRDD, other case manager contractors) where people enter the delivery system for long term services and supports.
- Provide information about the role of an “authorized representative” on the ODJFS website.
- Include contact information (e.g., phone numbers and email addresses) for state staff and CDJFS staff who are providing expertise or making financial eligibility determinations.
- Explore the ability to send electronic alerts to agencies administering waivers when it is time for redetermination.

### **Documentation and Face-to Face Requirements**

*Recommendation 1: Evaluate the role of the face-to face requirement; consider alternatives to ensure a seamless entry into the delivery system for long term services and supports.*

- Eliminate the face-to-face requirement for HCBS enrollees unless required by federal law.
- When a face-to-face meeting is necessary, allow the functional assessor (regardless of system or program) to gather financial and functional eligibility information in a single meeting. Consider this meeting as satisfying any requirements for a face-to-face meeting.
- Implement co-location of staff so that financial and functional eligibility staff are at a single location to the extent resources are available.

*Recommendation 2: Simplify the financial eligibility redetermination process.*

- Utilize technology to collect and retain information. This should eliminate the need to provide the same information and documents multiple times.
- Ensure training materials differentiate information needed for the initial determination of financial eligibility and information needed for a redetermination. Take steps to ensure consistency among counties.

### **Education and Training Materials**

*Recommendation 1: Create a dissemination strategy/marketing plan for education materials in accessible formats.*

- Make sure such information is shared with consumers via the Front Door (paper-based and online).

- Target & distribute education materials to all necessary entities (Front Door, consumers, providers such as NFs, PASSPRT administrative agencies, county boards of MRDD, case management contractors, senior centers, libraries, adult day health centers etc).

*Recommendation 2: Implement a standardized orientation for all local staff regarding financial eligibility processing requirements that all staff must participate in (research the mandatory training implemented by Minnesota)*

### **Financial Eligibility Policy**

*Recommendation 1: Consider changes to financial eligibility that will enhance a consumer's ability to choose among community based and institutional options.*

- Research establishing an asset set-aside (perhaps 8-10k) for community living purposes so consumers can maintain/repair residence. This may also allow for more individuals to become Medicaid eligible.
- If an individual in a waiver goes into a nursing facility, allow them to keep their institutional need standard income for a period of time (e.g., 6-13 months) to help pay for community expenses such as housing.
- Explore how CDJFS staff recalculate patient liability when individuals go from an HCBS to a NF (currently there appears to be inconsistencies across counties)
- Streamline the transition process between living/residence locations (e.g. HCBS and NF). Develop a "pending transition" code for CRIS-E that will support consumers moving from one location to another and addresses systems limitations that can delay and person moving/relocation and provider payment.

*Recommendation 2: Explore changes to financial eligibility policy to increase the accessibility of assisted living services through Medicaid.*

- Explore extending the exemption for prescription co-payments to ALW residents as exists for nursing home residents (requires federal law change).
- As with any HCBS waiver, a Maintenance Needs Allowance is established to allow the recipient to retain income in order to meet shelter food and other living expenses in the community. In the ALW, the Maintenance Needs Allowance is equivalent to the federal SSI standard. When the spousal impoverishment rules are applied to an ALW recipient, the first step is to set aside the Maintenance Needs Allowance, thus ensuring adequate income is available to the ALW recipient for room and board payment. For purposes of determining financial eligibility for consumers enrolled in the assisted living waiver, explore the feasibility of a 'Couples Standard' for the ALW spouses who may be in the same setting. (currently, there is no deeming mechanism that allows one spouse to deem their income to another in this setting).

- Ensure the CDJFS staff receive training which establishes a clear understanding on the community setting of the Assisted Living waiver.

*Recommendation 3: Increase the personal needs allowance (PNA) across settings and programs.*

*Recommendation 4: Research consistent application of prescription co-payments as a deduction in CRIS-E (AEFME screen), thus allowing these co-payments as a recurring medical expense which, consequently, will offset the patient liability by this amount.*

*Recommendation 5: Research the possibility to allow the State to amend the law so that judgments against a recipient such as child support, spousal support or a lien to pay a government agency (e.g. IRS) can be counted as an allowable deduction in order to offset the patient liability. (Example: A resident receives a \$1000/month pension check. There is a withholding of \$200 for spousal support, the NF receives the \$800 that remains, but the full \$1000 is deducted from the facility's vendor payment.)*