OASAC Community Care Program Medicaid Oversight Sub-Committee

Review of IDoA CCP Eligibility Processes &

Medicaid Application Process

February 26, 2019

Objectives

1) Obtain an understanding of IDoA's CCP eligibility requirements and the Elderly Medicaid 1915 (c) Waiver eligibility requirements.

2) Review IDoA's role in initiating the Medicaid application and the redetermination process.

3) Review the current inter-agency collaboration required for processing of Medicaid applications and the existing IDoA data limitations for review of data specific to the status of Medicaid applications.

4) Discuss additional data sets and management reports that would be beneficial to the Sub-Committee discussion in their deliberations towards the goal of maximizing federal Medicaid funding for CCP.

CCP Eligibility – Functional eligibility is the same, DON = 29 or above, Financial eligibility is different

CCP (Non Medicaid)

- U. S. citizen or non citizen within specified categories.

- Resident of the State of Illinois.

- Age 60 or older.

- Be at risk of nursing facility placement as measured by the Determination of Need (DON) assessment. Score of 29 or above on the DON, at least 15 points on Side A.

- **Total value of non exempt assets is below $17,500.**

- **Income is self reported and not used to determine eligibility for services.**

- Provide financial related documentation to support eligibility, e.g. amount and source of all income and value and types of assets owned.

- Can be safely maintained in the home or community-based setting with the services provided in the plan of care.

- **Agree to apply for Medicaid if assets are below $4,000.**

CCP Elderly Medicaid 1915 (c) Waiver

- U. S. citizen or non citizen within specified categories.

- Resident of the State of Illinois.

- Age 60-64 for disabled, 65 or older for elderly.

- Be at risk of nursing facility placement as measured by the Determination of Need (DON) assessment. Score of 29 or above on the DON, at least 15 points on Side A .

- **Total value of non exempt assets is $2,000 or below.**

- **Income is limited to 100% of the federal poverty level (FPL) or below ($12,490).**

- Provide financial related documentation to support eligibility, e.g. amount and source of all income and value and types of assets owned.

- Can be safely maintained in the home or community-based setting with the services provided in the plan of care.

CCP Eligibility vs. Medicaid Eligibility

ASSET ELIGIBILITY

Medicaid ($2,000)	CCP – Required to Apply for Medicaid ($4,000)	CCP – Eligible to Receive Services ($17,500)

INCOME ELIGIBILITY

Medicaid (100% FPL; $12,140)	CCP – Required to Apply for Medicaid (No Limit)	CCP – Eligible to Receive Services (No Limit)

CCP Administrative Rule – Requirements for Applying for Medicaid

- CCP Administrative Rule, Section 240.865 Application for Medicaid.

- Effective June 1, 2008, applicants will be required to make a good faith effort to apply for and, if financially eligible, enroll in medical assistance as a condition of eligibility for CCP.

- The Care Coordinator shall, when needed:

1) provide the applicant with a copy of the mail-in medical assistance application;

2) assist the applicant with completing the application; and

3) submit the application to the applicant's local Family Community Resource Center (FCRC).

- Exception as defined in CCP Rule – exceptions to this enrollment requirement will be allowed only if the Care Coordinator can verify that the value of non-exempt assets that are owned by applicant exceeds twice the level of asset disregard limit for medical assistance - $4,000.

CCP Medicaid Policy – Additional Exceptions for CCP Participants re: Medicaid Application Process

- If a participant has between $4,000 - $17,500 in assets, he/she is not required to apply for Medicaid, however is still eligible for CCP based on having assets below $17,500.

- An individual who is between the ages of 60 and 64 and does not qualify for disability benefits does not have to apply for medical assistance. Once the individual reaches the age of 65, they are required to apply and enroll for medical assistance if their assets are under $4,000.
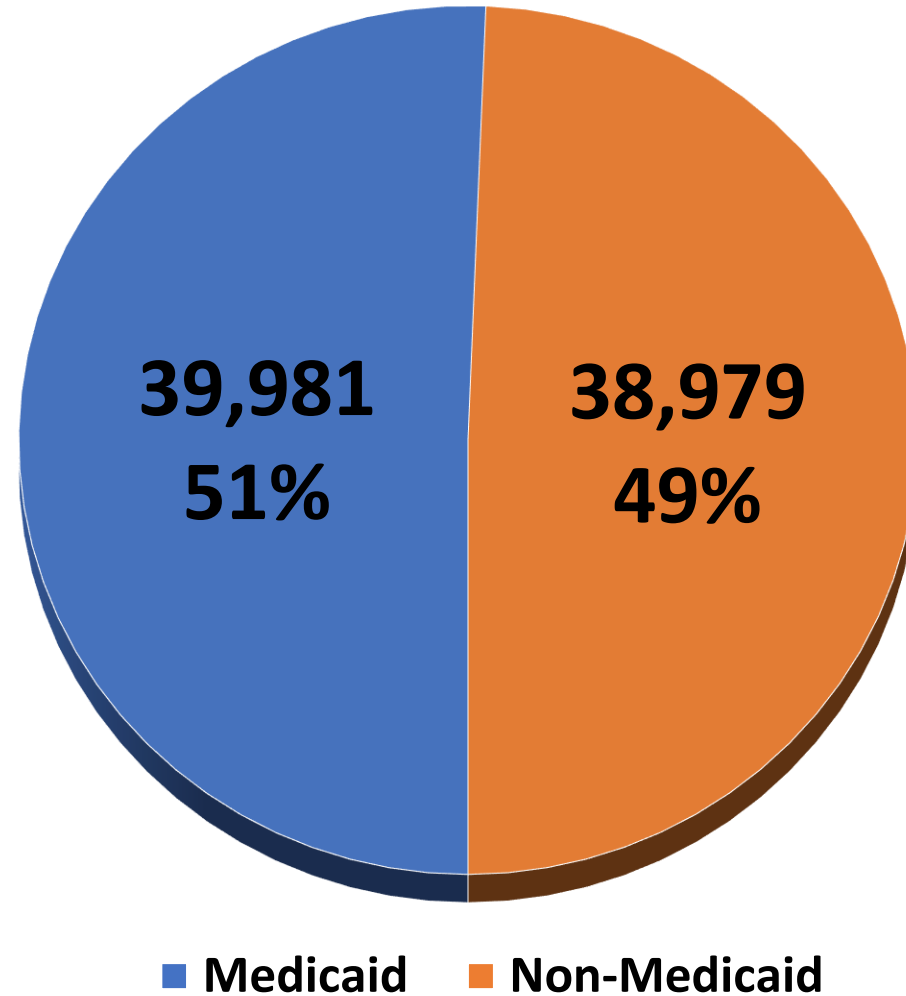
Asset limit of $4,000 used to require application for Medicaid spenddown status

- Spenddown is another way to qualify for Medicaid on a "monthly" basis even if an individual's income or resources are above the state's eligibility limits.

- Spenddown works like an insurance deductible for eligibility.

- IDoA collaborated with HFS a number of years ago to allow CCP costs to count towards a participant's monthly spend down.
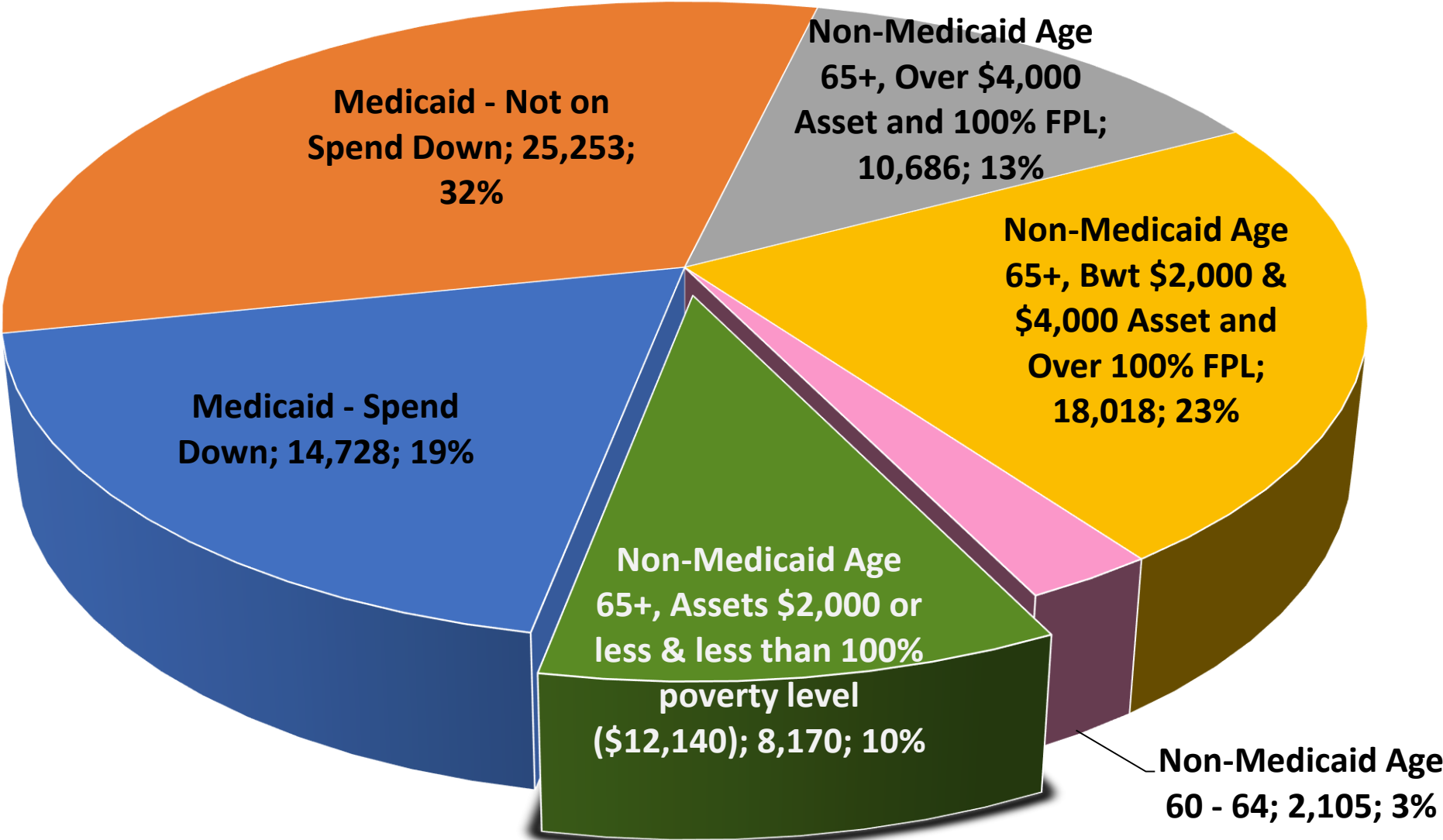
CCP Medicaid and Non-Medicaid

39,981
51%

38,979
49%

■ **Medicaid** ■ **Non-Medicaid**

Data from IDoA billing system with a match to the daily Medicaid eligibility feed received from HFS. Dated 2/20/2019

CCP PARTICIPANT BREAKDOWN

Non-Medicaid Age 65+, Over $4,000 Asset and 100% FPL; 10,686; 13%

Non-Medicaid Age 65+, Bwt $2,000 & $4,000 Asset and Over 100% FPL; 18,018; 23%

Medicaid - Not on Spend Down; 25,253; 32%

Medicaid - Spend Down; 14,728; 19%

Non-Medicaid Age 65+, Assets $2,000 or less & less than 100% poverty level ($12,140); 8,170; 10%

Non-Medicaid Age 60 - 64; 2,105; 3%

Data from IDoA billing system with a match to the daily Medicaid eligibility feed received from HFS. Dated 2/20/2019

POTENTIAL MEDICAID ELIGIBLE CCP PARTICIPANTS BY PSA

PSA	ALL CCP	% of State Total	Non-Medicaid - Required to Apply for Medicaid	% of State Total	Non-Medicaid - Appears to Meet Medicaid Income & Asset Criteria	% of State Total
01	4,333	5%	962	4%	205	3%
02	8,489	11%	2,430	9%	770	9%
03	2,503	3%	539	2%	71	1%
04	1,833	2%	343	1%	84	1%
05	3,991	5%	703	3%	132	2%
06	762	1%	108	0%	19	0%
07	2,952	4%	446	2%	95	1%
08	3,751	5%	680	3%	133	2%
09	1,324	2%	133	1%	26	0%
10	1,031	1%	102	0%	20	0%
11	2,825	4%	317	1%	66	1%
12	29,860	38%	13,809	53%	4,541	56%
13	15,306	19%	5,616	21%	2,008	25%
Grand Total	**78,960**	**100%**	**26,188**	**100%**	**8,170**	**100%**

Data from IDoA billing system with a match to the daily Medicaid eligibility feed received from HFS. Dated 2/20/2019

Role of IDoA CCUs - Assisting with Medicaid Application & Redetermination Processes

- Per IDoA administrative rule and policy, the Care Coordination Units (CCUs) are required to assist participants with submitting Medicaid applications.

- Medicaid applications are accepted online via the Application Benefits Eligibility (ABE) system – https://abe.Illinois.gov/abe/access/

- Medicaid applications are also accepted via paper at the local DHS office – Family Community Resource Center (FCRC). CCUs are required to submit HFS form 2538B to the FCRC which provides notification that the individual is a CCP participant.

- ABE Manage My Case – With the CCP participant's consent, Care Coordinators can play a more active role in facilitating the Medicaid application and approval process.

IDoA - Current Data Limitations & Impact on Analysis/Accountability

- IDoA is not currently notified of the status of CCP participants' Medicaid application, e.g. initial submission or disposition of eligibility decision.

- IDoA requires CCUs to assist CCP participants with the Medicaid application and redetermination processes, however data on this activity will not be available until CCUs can bill for the service.

- Limited data results in IDoA having limited capability to analyze trends and the inability to resolve issues, e.g. whether applications are being processed differently in different regions of the State.

- IDoA frequently hears anecdotal reports from CCUs about local communication related issues, however; there's no statewide analysis available.

CCUs – Data Limitations & Barriers

- CCUs are not able to track electronically the status of CCP participants' Medicaid applications with the exception of the ABE Manage My Case functionality which requires the participant's consent.

- CCUs have the ability to share information regarding the Medicaid application status with their local FCRCs, however; this is not a consistent process statewide.

- Sometimes, the CCP participants' applications are missing required documentation which requires the submission of the documentation within a specified timeframe. CCUs can assist with gathering the documentation if they are notified of the issue.

Inter-Agency Collaboration – Current Data Sharing

- HFS sends IDoA the names of current CCP Medicaid participants that have an upcoming Medicaid redetermination due. IDoA enters the names into a secure system so that CCUs can retrieve the names and assist the participants with maintaining their Medicaid enrollment.

- HFS has provided data analysis/management report to IDoA on a select group of CCP participants that look like they should be eligible for Medicaid based on income and assets.

- HFS and IDoA collaborated on two webinars targeted towards CCUs to review the ABE Manage My Case system.

Additional data sets & management reports - discussion

- IDoA does not have access to real time Medicaid application data.