Office of Health Transformation

Simplify Eligibility Determination

Governor Kasich's Budget:

- *Expands the new Ohio Benefits eligibility system to more programs.*
- *Creates new opportunities for county shared services.*
- *Replaces Ohio's two disability determination systems with one.*

Background:

Eligibility determination for health and human service programs in Ohio is fragmented, overly complex, and reliant on outdated technology. There are different policies, processes and systems in place to determine eligibility for Medicaid, the Supplemental Nutrition Assistance Program (SNAP), Temporary Assistance for Needy Families (TANF), the Women, Infants and Children (WIC) nutrition program, and others. Applying for these programs can be confusing and time consuming. Many individuals and families seeking assistance are required to physically meet with a caseworker at one of the 88 local county department of job and family services (CDJFS) service centers to get through the application process, often with multiple repeat visits to satisfy a myriad of requirements, computations, and verifications.

Eligibility determination can be particularly frustrating for people with disabilities, because they have to prove their disability twice: once to the local CDJFS to receive Medicaid benefits; and separately through Opportunities for Ohioans with Disabilities (OOD) to qualify for federal Supplemental Security Income (SSI).

Ohio's Enhanced Client Registry Information System (CRIS-E) provides intake and eligibility determination support for several of Ohio's health and human services programs and provides some case management functions for several Ohio Department of Job and Family Services programs. When CRIS-E was implemented in 1978, it was able to meet the needs of the counties by allowing for 18,000 users to manually enter cases for Ohio citizens. As time went by, many processes were added to allow the original system to do more, but all of the additions were built on the original foundation, which could only extend so far and long ago reached its limit of new applications. The problem is so severe that Ohio Medicaid estimates 60 percent of CRIS-E's eligibility determinations for Medicaid need to be manually overridden in order to make a correct eligibility determination. CRIS-E is so fragile and technologically obsolete that it is no longer practical or cost effective to invest in enhancing the system.

In August 2011, the federal government announced a time-limited opportunity for states to use enhanced (90 percent) federal matching funds to integrate eligibility determination functions

across programs based on income eligibility.[1] The new policy allows health and human services programs – including TANF, SNAP and Child Care and Development Fund – to utilize systems designed for determining a person's Medicaid eligibility without sharing in the common system development costs, so long as those costs would have been incurred to develop systems for Medicaid. States may access the 90-percent enhanced federal funding up to but not after December 31, 2018.

First Four Years:

Governor Kasich's first budget (enacted in 2011) initiated a project to replace CRIS-E with a new integrated eligibility system called "Ohio Benefits." The Ohio Department of Administrative Services contracted with Accenture to replace CRIS-E with a new, integrated, enterprise solution that supports both state and county operations.[2] Utilizing modern technology, Ohio Benefits provides a single platform that allows individual programs to have their own distinct policy rules while sharing data across platforms. The combination of distinct rules and shared data provides workers a more accurate and efficient system and provides citizens a more user-friendly experience. The project focused first on Medicaid eligibility, but is designed to expand to other programs that currently depend on CRIS-E (this phase will retire CRIS-E), and eventually support all income-tested health and human services programs. The new system gives individuals and families seeking Medicaid coverage an option to apply online and the ability to provide real-time determination for people who apply.

The Ohio Benefits project is recognized nationally as a model for states to implement large, complex systems quickly and cost effectively. Ohio's request for proposals (RFP) process for the Ohio Benefits system took less than six months. The RFP, which focused on outcomes the state wanted to achieve and left it to vendors to propose and compete on the best technology to achieve those outcomes, has now been used by several other states. After Ohio's RFP was awarded, it only took seven months for the Ohio Benefits system to go into full production. As other systems struggled to turn on – including the troubled federal system – Ohio Benefits went live as planned on October 1, 2013. Since then, the system has received 1.4 million applications, most of which (60 percent) were initiated via the Ohio Benefits online self-service portal; processed and determined eligibility for 1.3 million (90 percent) of the applications submitted; converted case data for 1.5 million individuals from CRIS-E into Ohio Benefits; and implemented 20 major system upgrades to continuously improve Ohio Benefits program performance.

Executive Budget Proposal and Impact:

The Executive Budget continues the work to simplify and automate eligibility across systems, and launches a new project to consolidate the two processes used for disability determination into one. The goal of these reforms is to assist Ohioans to prepare for life and the dignity of

[1] Joint USDA, CMS, ACF *Guidance on developing integrated eligibility determination systems* (August 11, 2011).
[2] DAS, *Integrated eligibility and HHS business intelligence procurement*

work, and lift them up in their times of need through a better-coordinated, person-centered system of supports.

SIMPLIFY AND AUTOMATE ENROLLMENT ACROSS SYSTEMS

- ***Transition additional income-tested programs to Ohio Benefits.*** The Ohio Benefits system has been designed and built with the vision of supporting most of Ohio's income-based health and human services programs. Currently, all of Ohio's Medicaid expansion population and all of the family and children population are currently enrolled in Medicaid via the Ohio Benefits system. During fiscal years 2016 and 2017, eligibility determination for additional programs will transition to the Ohio Benefits platform, including Medicaid for the aged, blind and disabled (ABD), SNAP, TANF, WIC, and Child Care. The transition of these programs to Ohio Benefits will mark a significant milestone toward Ohio's vision of streamlining eligibility determination across all health and human services programs. Many of the key human services benefits needed to support a family's progress toward self-sufficiency – health care, nutrition assistance, cash assistance and child care – will now be available through a single, integrated system.

- ***Create new opportunities for counties to share services to be more efficient.*** The value of a streamlined eligibility system extends beyond just helping citizens access benefits. An integrated approach provides new opportunities for state and county workers to provide citizens better service and work more efficiently. The Ohio Benefits system, along with other Health Transformation and Human Services Innovation initiatives, will finally allow county JFS offices to adopt a shared services model. The system will allow any county to access and process any case regardless of geographic boundaries. The county JFS offices have already begun to organize themselves to take advantage of the new capabilities – nine counties through an initiative called Collabor8 and a coalition of 23 counties in northeast Ohio. The Ohio Benefits project team has provided resources and structure to facilitate these counties' shared services initiatives. Key deliverables of this work include a shared taxonomy, common business processes and a joint effort to move to the electronic verification of data while minimizing the dependence on paper documents.

- ***Create one clear version of the truth in administering public assistance.*** Seamlessly combining eligibility data across Medicaid, SNAP, TANF, WIC, and Child Care will give Ohio a unique ability to begin to holistically understand the benefits and resources families utilize and need on their path to self-sufficiency. The Ohio Benefits project team is also integrating other data such as Medicaid claims and early childhood data. This combined data will allow state policy makers to make data driven decisions and objectively measure the effectiveness of those policies.

- ***Provide infrastructure to support comprehensive case management.*** Combining other agency data with Ohio Benefits data provides a holistic view of services Ohioans are receiving, and enables comprehensive case management at the county level.

SIMPLIFY DISABILITY DETERMINATION

Every year, about 50,000 Ohioans with a disability newly qualify for Medicaid coverage, including individuals with developmental disabilities, mental illness, frail elderly and others. Some reside in an institution but most live in the community. Some have income but "spend down" to qualify for Medicaid.[3] To qualify for Medicaid, these individuals can keep a house and car but no other assets above $1,500. Today, these Ohioans have to prove they are disabled twice, once via CDJFS offices to qualify for Medicaid benefits, and separately through OOD to qualify for Supplemental Security Income (SSI). Most states (33) have already eliminated this duplication and automatically enroll SSI individuals in Medicaid.

There are significant benefits for individuals with disabilities and taxpayers in states that administer one disability determination system instead of two. One system is much easier for individuals with disabilities to navigate, and eliminates the significant administrative burden associated with operating two systems, for individuals, counties and providers. In addition, the implementation of the Ohio Benefits eligibility system for Medicaid ABD population (in January 2016) creates an opportunity to also simplify and streamline the disability determination process for people with disabilities. For all of these reasons, the Executive Budget requires Ohio Medicaid and OOD to replace Ohio's two duplicative disability determination systems with one that will determine eligibility for both Medicaid and SSI.

- ***Replace Ohio's two disability determination systems with one.*** As part of the Ohio Benefits implementation, Ohio will seek a state plan amendment to adopt criteria authorized in section 1634 of the Social Security Act that allow for a single disability determination to be used for Medicaid and SSI.[4] The income standard will be raised from 64 percent of the federal poverty level (FPL) to 75 percent FPL, and the resource limits will be raised from $1,500 to $2,000. People on SSI will become automatically eligible for Medicaid and will not have to separately apply through their county agency. Spend down will be eliminated, bringing a substantial reduction of burden for county agencies and for Medicaid recipients. Duplicative disability operations will be eliminated at the state level. The anticipated impact on current Medicaid enrollees is as follows:

[3] A spend down program allows individuals who have income over the eligibility threshold but otherwise meet the requirements for Medicaid under the aged, blind or disabled (ABD) categories to receive coverage. Individuals with income over the threshold are assigned an amount of medical expenses they must incur each month (spend down) prior to receiving Medicaid benefits. An individual's spend down is equal to the amount by which his or her income exceeds the eligibility limit after accounting for applicable income deductions.

[4] In a 1634 state, individuals eligible for SSI are automatically enrolled in Medicaid. In states that maintain separate systems for Medicaid and SSI (called 209(b) states), individuals granted SSI by the OOD must complete a separate Medicaid application and disability determination process. 209(b) states are required by federal law to operate a Medicaid spend down program; 1634 states are not required to do so.

- No change in enrollment for most current beneficiaries. 403,000 disabled Ohioans in institutions or on home and community based services (HCBS) waivers will continue to receive Medicaid benefits because Social Security and Ohio Medicaid use exactly the same definitions of disability. Some in this group at higher income levels will need to put their income in a Miller Trust (described below) to qualify for Medicaid (currently they spend down income every month to qualify).

- Some "woodwork" will now enroll in Medicaid. 9,500 to 14,500 Ohioans on SSI but not yet enrolled in Medicaid will be automatically enrolled in Medicaid. Most of this group is eligible for Medicaid now but not enrolled. The only newly eligible enrollees will be individuals whose assets are between the current Medicaid limit ($1,500) and the SSI limit ($2,000) and, under the proposed changes, will now qualify for Medicaid with assets up to $2,000.

- Some will leave Medicaid and go the exchange. Up to 22,000 disabled Ohioans not in institutions or on HCBS waivers will no longer qualify for Medicaid because their income is too high (>$733 monthly). Currently, federal law mandates Ohio cover anyone in this group who spends down income to qualify for Medicaid. Ohio Medicaid will create a special program to continue benefits for persons in this group with mental illness (described below), but everyone else will seek coverage on the exchange or through Medicare. Essential health benefits on the exchange are the same as Medicaid, except exchange plans are not required to cover dental and non-emergency transportation. Otherwise, there are advantages to receiving coverage on the exchange, including: many individuals will find it more affordable to pay premiums and copays on the exchange and preserve income that otherwise would have been spent down for Medicaid; continuous coverage without interruption instead of month-to-month Medicaid eligibility based on spend down; and providers benefit from higher reimbursement on the exchange.

- ***Establish Miller Trusts.*** As a 1634 state with no spend down, Ohio must provide for income qualifying trusts, referred to as Miller trusts, for people with incomes above the Special Income Limit (SIL), which is about $2,200 a month currently. A Miller Trust is a legal structure that allows income in excess of the eligibility limit for Medicaid institutional and HCBS waiver services to be disregarded. An individual must place the portion of his or her monthly income that is greater than the current standard (about $2,200) into the trust. Individuals may apply certain deductions to these funds, and the remaining amount in the trust is paid to the institution or health care providers. On a monthly basis, Miller Trust funds pay for the cost of care, and Medicaid pays for the care not funded by the trust. Upon the recipient's death, any and all funds remaining in the Miller Trust, up to the total cost of care, are paid to Medicaid. There is a one-time cost to set up a Miller Trust and an annual cost to maintain.

- ***Create a special benefit program for adults with severe mental illness.*** An estimated 4,000 to 6,000 people whose income will be above the Medicaid need standard adopted under the new system described above are adults with severe and persistent mental illness (SPMI). These Ohioans will have access to basic health care services through Medicare or private insurance. However, neither Medicare nor private insurance pay for a range of service coordination and community support activities currently covered in the Medicaid program. In order to ensure continued access to these services, Ohio Medicaid will seek a state plan amendment under section 1915(i) of the Social Security Act to provide for eligibility for adults with SPMI with income up to 225 percent of poverty (300 percent of the Federal Benefit Rate) who are not eligible under another Medicaid category and who meet diagnostic and needs assessment criteria established by the state and validated by a third party entity. Ohio will also identify home and community based services needed by this population to be covered as services under the 1915(i) authority. The 1915(i) services will be developed in conjunction with a broader benefit redesign (described in *Rebuild Community Behavioral Health Capacity*).

Updated April 14, 2015