

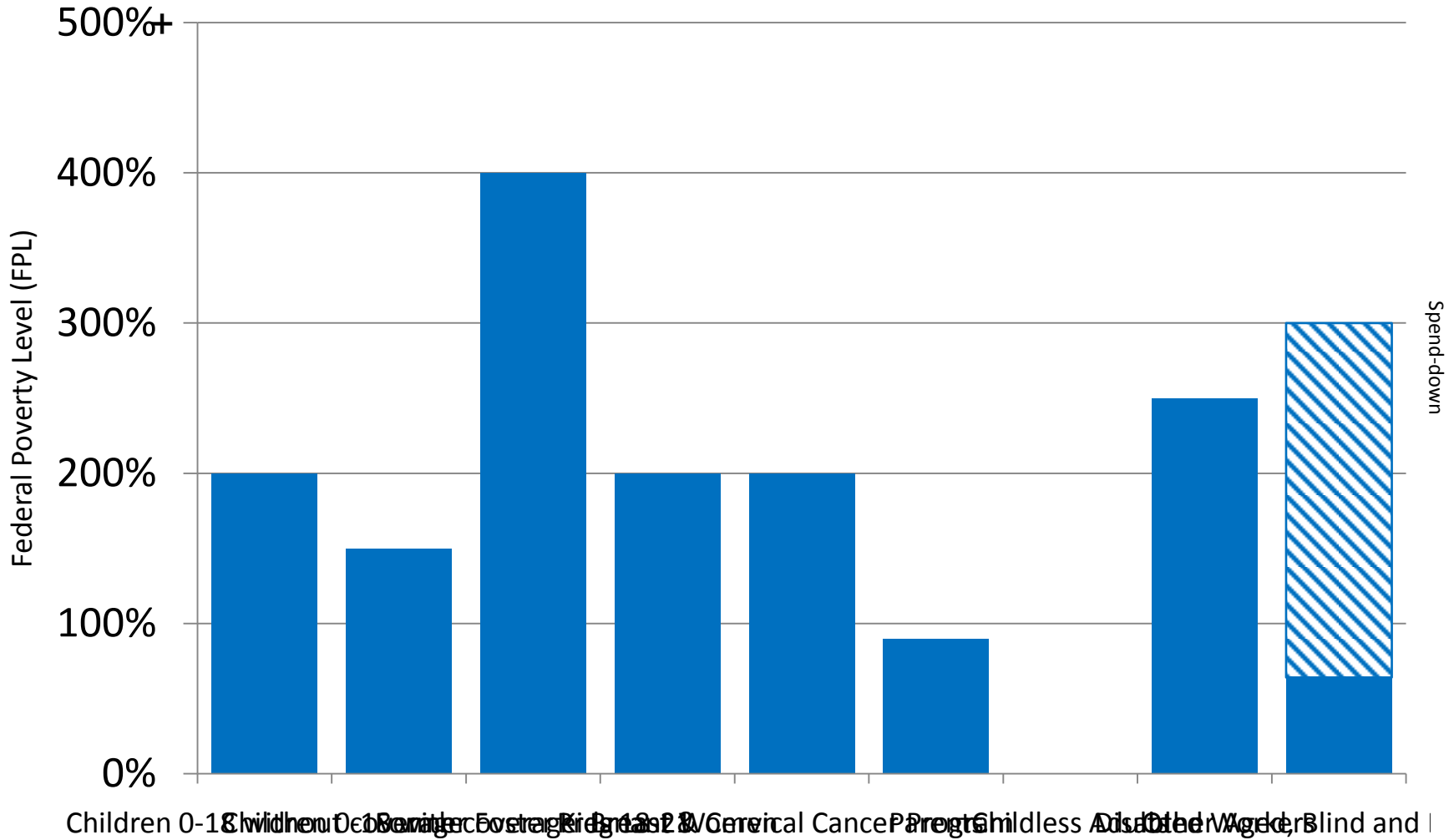
## Eligibility Modernization: Current Eligibility Determination System

- 150+ categories of eligibility – just for Medicaid
- 88 county offices, each with different processes, results in inconsistent application of eligibility rules
- Two separate processes to determine disability (JFS and RSC) results in duplication and excessive cost
- 30-year-old information technology (Client Registry Information System, Enhanced)
- CRISe is programmed in outdated computer language and cannot link with other health insurance programs

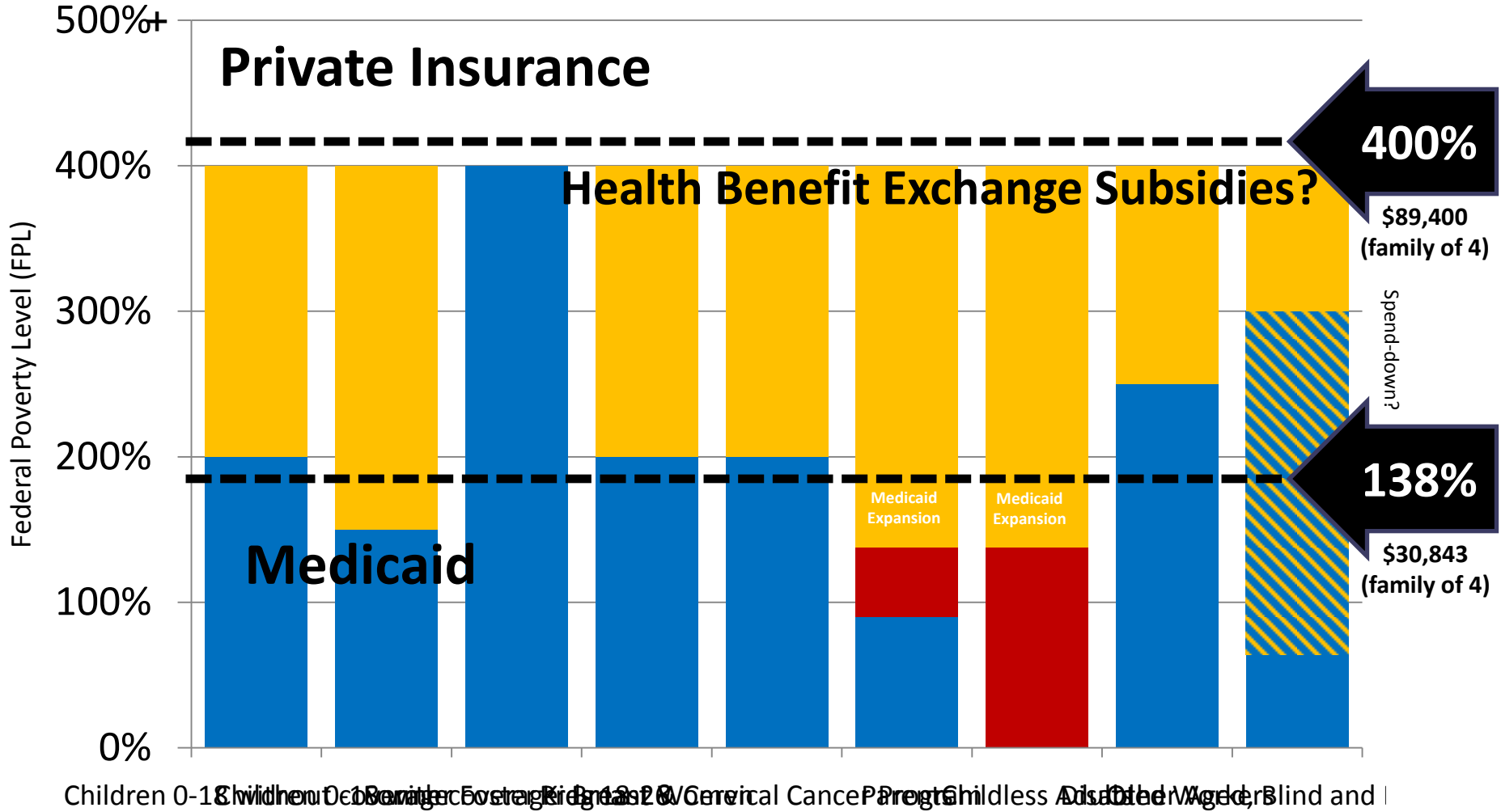
# Eligibility Modernization: Concept for Reform

- Simplify based on income, streamline state and local responsibility, and modernize outdated technology
- Include Medicaid and other health and human service programs that use income as the basis for eligibility\*
- Improve consumer experience and reduce operating costs
- Seek enhanced (90/10) federal funding to upgrade Medicaid and related income-based eligibility systems\*
- Competitively procure and implement a new system prior to the federally-mandated Medicaid expansion in Jan. 2014

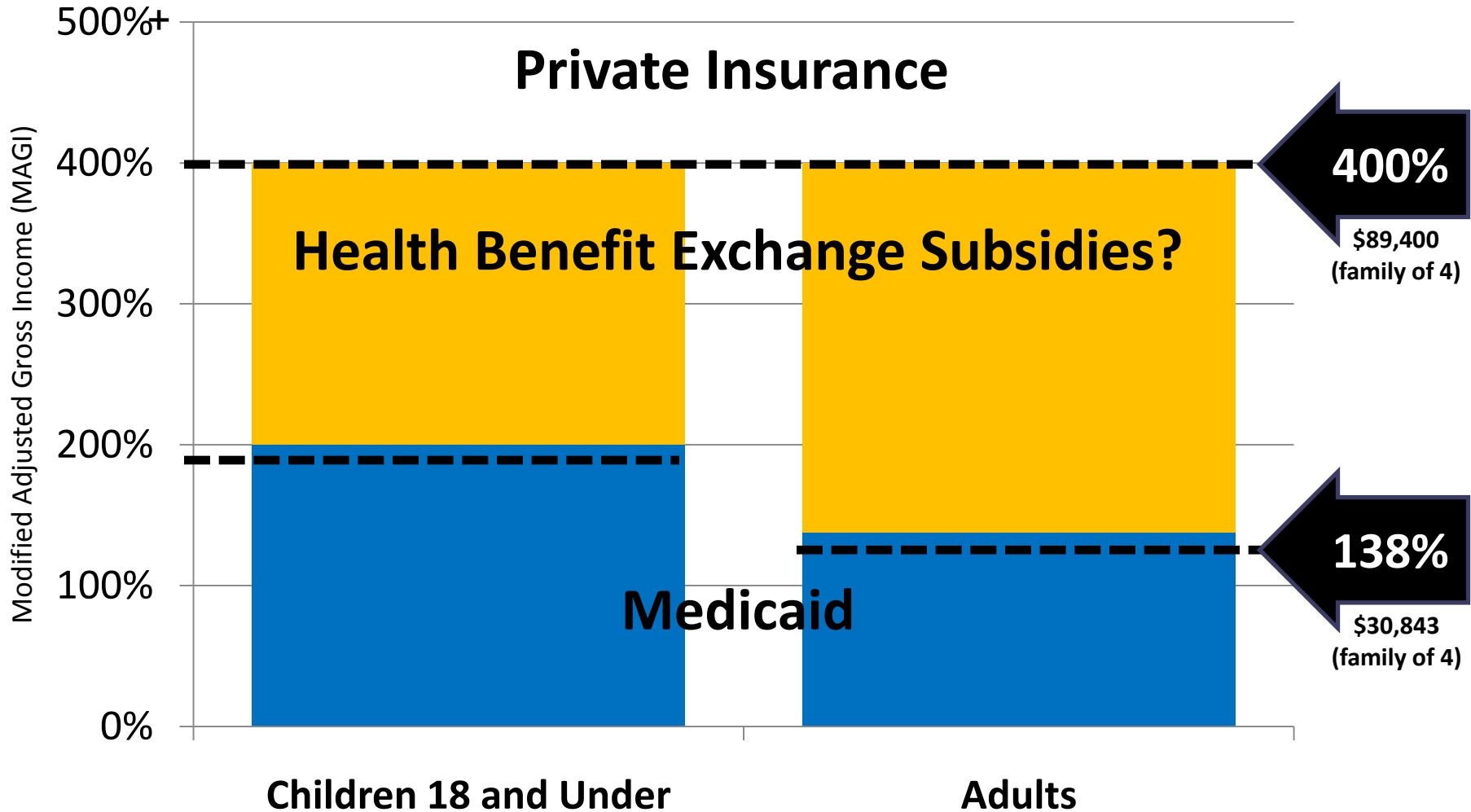
# Eligibility Modernization: Current Ohio Medicaid Income Eligibility Levels



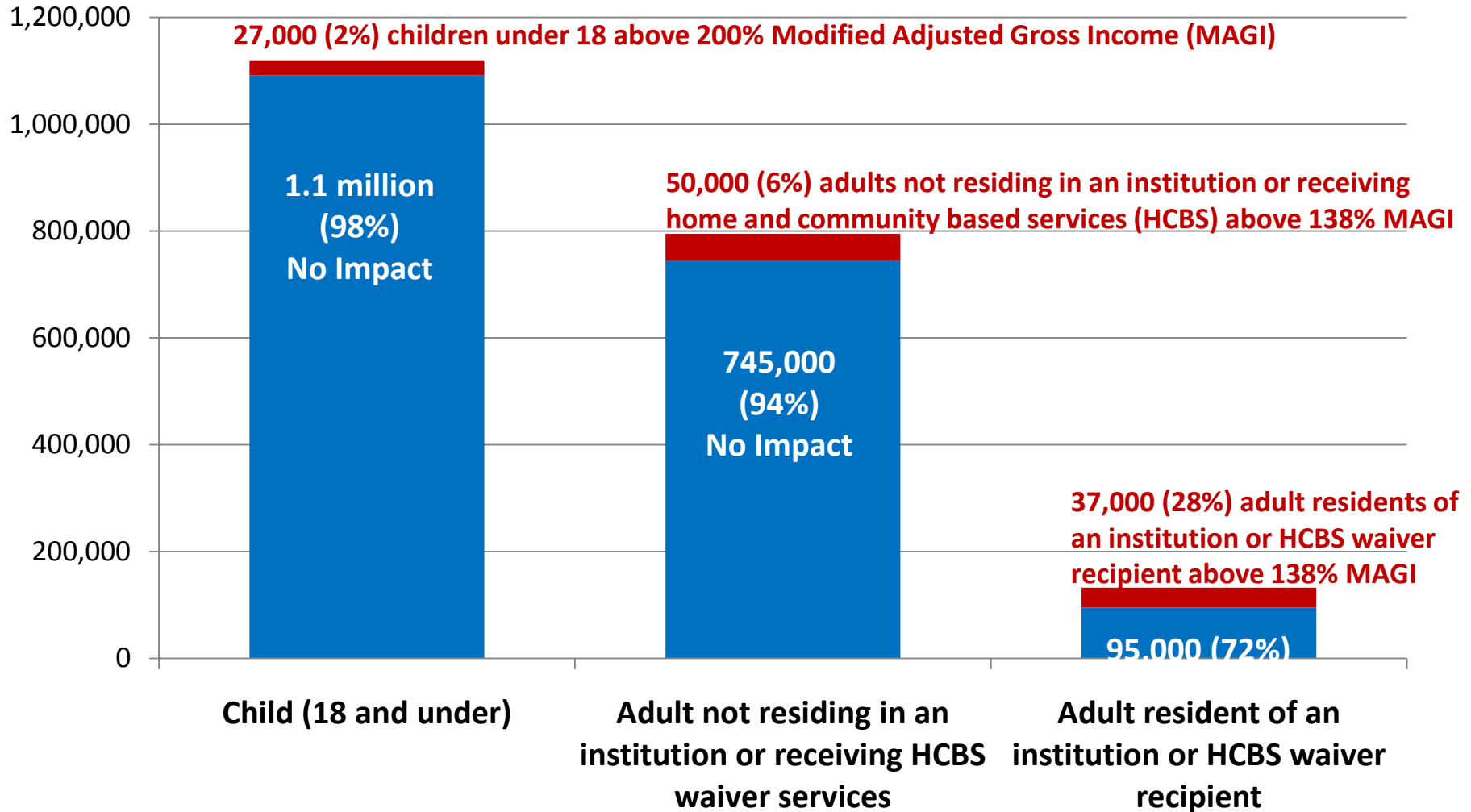
# Eligibility Modernization: New Federal Income Eligibility Levels in 2014



# Eligibility Modernization: Simplified Income Eligibility Levels



# Eligibility Modernization: Potential Impact on Current Medicaid Enrollees



# Eligibility Modernization: Proposed Income Eligibility Policies and Protections

Beginning January 1, 2014:

- Cover children in families with modified adjusted gross income up to 200% of the federal poverty level, and adults up to 138%
- Maintain the current qualifying criteria for residents of institutions and HCBS waiver recipients<sup>1</sup>
- Comply with all federal MOE requirements for children
- Otherwise eliminate spend-down, disregards, category-specific income treatment, and the need for a state or federal disability determination in order to qualify for Medicaid benefits
- Create a hold-harmless, grandfathered category for individuals already on the program who might be disadvantaged by implementation of eligibility program changes<sup>2</sup>

1. Resource limits, patient liability, spousal impoverishment, level of care

2. Examples include former foster kids, Breast and Cervical Cancer Program participants, pregnant women, and people with a disability who work with modified adjusted gross income above 138% of the federal poverty level

## Eligibility Modernization: Next Steps

- March 2012—Release **Concept Paper**
  - Stakeholder meetings and feedback
- May—Release **1115 Waiver Draft Proposal**
  - Public hearings
- June—Submit **1115 Waiver Proposal** to CMS
  - Federal public comment period
- Third quarter 2012—**1115 Waiver Approved** by CMS
- Ongoing—implementation activities and vendor selection
- October 1, 2013—begin accepting applications
- January 1, 2014—new eligibility system operational