COMMUNITY PATHWAYS WAIVER: MEDICAID FINANCIAL REDETERMINATION PROCESS

DDA Regional Office Providers Meetings
June and July 2015
What to Expect

1. Waiver Overview
2. Waiver Eligibility
3. Redetermination
4. Monitoring Activities
WAIVER OVERVIEW
Medicaid is a matching program where states pay part of the cost (based on a formula) and the feds “match” what the state pays.

Medicaid Home and Community-Based Services (HCBS) Waivers, like Maryland’s Community Pathways, are also matched by the federal government.

This is important because the availability of State money drives how many people the waiver can serve and how much a state spends.
Waiver Eligibility

- Technical
- Medical
- Financial
Community Pathways Eligibility

- To be eligible for waiver services, the person must meet specific technical, medical, and financial eligibility criteria.

- Applicants must demonstrate, through a screening process, that:
  1. They need the level of support that people receive in an institution;
  2. They meet the waiver’s financial eligibility requirements; and
  3. They have an individual plan that supports their health and welfare.

- The medical and technical criteria is determined by DDA.

- The financial determination is made by EDD (Eligibility Determination Division, formerly known as DEWS).
Waiver Determinations

- EDD will issue an official notice to the applicant/participant and their authorized representative for any additional information required in order to make the financial eligibility determination.

- EDD will issue an official enrollment, denial, or advisory opinion to the person along with appeal rights.
Federal Funds Loss

- For every individual served by the DDA who is not enrolled in the waiver or loses eligibility, federal funds (typically 50% of service costs) are no longer available for the services provided and the State must fund 100% of services if they are to continue.

- This decreases the availability of state funds and reduces the state’s ability to expand critical services to individuals on the waiting list.

- Individuals, service providers, coordinators of community services and the DDA share responsibility for increasing waiver enrollment and maintaining eligibility.

- By collectively working to increase enrollment in the waiver, the DDA will be able to better leverage federal dollars and serve Marylanders with developmental disabilities.
Community Pathways
Financial Eligibility

- Initial
- Unscheduled Review
- Annual Redetermination
Waiver Financial Eligibility

- EDD will review assets, income, and medical expenses and apply special financial eligibility rules under the waiver.
  - Income includes, but is not limited to, wages, social security benefits, veteran’s benefits, pensions, annuities, self-employment income, and disability benefits.
  - Assets include *cash, bank accounts*, stocks, bonds, mutual funds, and life insurance. The value of an individual’s home may also be considered when calculating assets.

- The criteria differ from community Medicaid requirements:
  - People who meet the community Medicaid financial standards and people who qualify under the approved waiver up to 300% of SSI may meet the financial standards for the Community Pathways Waiver.
  - The monthly income limit for 2015 is $2199.
COMMUNITY PATHWAYS
MEDICAID FINANCIAL
REDETERMINATION
Financial Redetermination

- Individuals who receive SSI do not have to complete this process unless notified by EDD.

- Individuals who do not receive SSI, must submit the MA application DHR/FIA 9709R and all relevant supporting documents for the past year. This is referred to as the annual “redet” process.

- The date of the redetermination is determined by the effective date of the Medical Assistance (MA).

- All required documents should be submitted to EDD at least 1 month before the due date to prevent interruption of MA/Waiver status and allow time for processing and responding to additional documentation if requested.
Financial Redetermination

- If a person is receiving community residential habilitation services and the licensed DDA residential provider is the representative payee:
  - The provider is responsible to submit the “redet” to EDD.
  - Coordinators will follow-up with residential provider and document contacts related to facilitation and reminders for the “redet” process.

- EDD will send a follow-up letter to the individual and/or authorized representative, to request any missing information. The letter will provide a date the information must be received by EDD.

- All waiver participants are to report any change in income and assets throughout the year.
- EDD may also conduct an unscheduled redetermination at any time during the year in addition to the annual requirements.
MONITORING ACTIVITIES

PREVENTING LOSS OF MEDICAID & COMMUNITY PATHWAYS WAIVER ELIGIBILITY
Eligibility Information & Communication

The following tools can be used to check on the status of a person’s Medicaid and Waiver eligibility:

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<td>• e-Medicaid</td>
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MMIS Reports (aka A02 Reports) reflect information related to waiver eligibility:

- A02 is a code in MMIS assigned to individuals that have either lost or are in danger of losing their waiver eligibility due to failure to submit required financial or supporting documentation or for being overscale.

- DDA tracks individuals with an A02 code and sends monthly reports to Coordination of Community Services (CCS) agencies.

- CCS will be in contact with the authorized representative and providers in regards to the status of the redetermination packet.
Individuals that submit the required information prior to the projected waiver eligibility end date and meet the eligibility criteria will remain enrolled in the waiver.

Individuals disenrolled from the waiver due to failure to submit the required information can be reenrolled (reinstated) if they provide the information within four months of required redetermination date and meet the eligibility criteria.

Individuals that fail to complete this process will be disenrolled from the waiver and will need to apply.
PCIS2 Waiver Screen

- PCIS2 Waiver Screen includes waiver eligibility start and end dates, certification date, status, services covered under the waiver, and disenrollment date.

- MMIS data related to waiver eligibility is uploaded into PCIS2 the first week of every month and is reflected under the heading “Waiver data from Medicaid” as shown below.

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<tr>
<th>Waiver Data from Medicaid</th>
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<tr>
<td><strong>Begin Date</strong></td>
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<td>12/05/2010</td>
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**NOTE:** DRW – is the MMIS code for Community Pathways
EDD Eligibility Letters and e-Medicaid

- **EDD Eligibility Letters** are official notices related to financial redeterminations, enrollments, and disenrollment sent to the individual and their authorized representatives.

  - It is critical for providers to follow-up with EDD for any requests for additional documentation. Please submit within the required timeframe.

- **e-Medicaid** is the secure online portal established for Medicaid providers to verify Medicaid recipient eligibility including waiver eligibility.

  - All DDA Providers have access to e-Medicaid
Coordinators of Community Services Quarterly Monitoring and Follow-Up Activities

- Maintaining Waiver Eligibility Checklists are used quarterly by coordinators during their monitoring and follow-up activities.
- If person is receiving residential services, coordinators are to contact the provider to inquire about the status of submitting required documents.
Reminders for Redeterminations

- Although the coordinator is responsible for facilitating, assisting, and reminding the individual to provide required documentation, it is ultimately the responsibility of the individual, family or authorized representative/provider to submit the required application and documents.

- Coordinators document efforts within PCIS2, regarding their activities associated with supporting the individual in applying for and maintaining waiver eligibility.

- When the provider is contacted by the coordinator, please assist with the redetermination process to prevent loss of eligibility and critical matching federal funds.
Reminders for Redeterminations

- Applicants who do not complete the waiver application process, which includes providing required documentation, will receive letters indicating that their enrollment in services will be in jeopardy if they do not comply within 30 days.

- Applicants that fail to submit required documentation will receive letters noting that they will be disenrolled from services.
Reminders for Redeterminations

- For every individual served by the DDA who loses eligibility, federal funds (typically 50% of service costs) are no longer available for the services provided and the State must fund 100% of services if they are to continue.

- This decreases the availability of state funds and reduces the state’s ability to expand critical services to individuals on the waiting list.
Redeterminations Workgroup Recommendations

1. Add new data fields to PCIS2
   - Representative Payee
   - Preferred communication method
   - Waiver eligibility category
   - Redetermination date

2. Create a “Redetermination Report”

3. Provider Education on redetermination

4. Asset Monitoring/Planning for personal fund use

5. Require face-to-face meeting with person and rep payee (if applicable) when eligibility documents not submitted within one month of due date

Slide added June 9, 2015
EDD Contact Information

Eligibility Determination Division Information

Mailing Address: Schaefer Tower
6 St. Paul Street, Suite 400
Baltimore, MD 21202

Fax: 410-333-0109

<table>
<thead>
<tr>
<th>Carolyn Cornish</th>
<th>Supervisor</th>
<th><a href="mailto:carolyn.cornish@maryland.gov">carolyn.cornish@maryland.gov</a></th>
<th>410-767-6603</th>
</tr>
</thead>
<tbody>
<tr>
<td>Audree Watkins</td>
<td>Deputy Director</td>
<td><a href="mailto:audree.watkins@maryland.gov">audree.watkins@maryland.gov</a></td>
<td>410-767-8268</td>
</tr>
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Caseload Breakdown by Client’s Last Name

**Effective 2/1/14**

<table>
<thead>
<tr>
<th>Last Name Breakdown</th>
<th>DEWS Worker</th>
<th>Email</th>
<th>Phone</th>
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<tr>
<td>A – E</td>
<td>Michael Edmonds</td>
<td><a href="mailto:mike.edmonds@maryland.gov">mike.edmonds@maryland.gov</a></td>
<td>410-767-6619</td>
</tr>
<tr>
<td>F - J</td>
<td>Susan Davis</td>
<td><a href="mailto:susan.davis@maryland.gov">susan.davis@maryland.gov</a></td>
<td>410-767-6622</td>
</tr>
<tr>
<td>K, L, O, Ra-Rh, Sa-Si</td>
<td>Gabrielle Kelly</td>
<td><a href="mailto:gabrielle.kelly@maryland.gov">gabrielle.kelly@maryland.gov</a></td>
<td>410-767-6563</td>
</tr>
<tr>
<td>M, N, P, Q, Ri-Rz</td>
<td>Ilka (Nita) James</td>
<td><a href="mailto:ilka.james@maryland.gov">ilka.james@maryland.gov</a></td>
<td>410-767-6627</td>
</tr>
<tr>
<td>Si-Sz, T - Z</td>
<td>Othille Henry</td>
<td><a href="mailto:othille.henry@maryland.gov">othille.henry@maryland.gov</a></td>
<td>410-767-6611</td>
</tr>
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Community Pathways Waiver Program
DDA-HQ Contacts

Federal Program
Rhonda Workman (410) 767-8690
Rhonda.workman@maryland.gov

Community Pathways
Terri Hartman (410) 767-5421
Terri.hartman@maryland.gov
Micheale Keenan (410)
Micheale.keenan@maryland.gov

Self-Directed Services
Nancy Hatch (410) 767-5431
Natch.hatch@maryland.gov
Questions