

**Department of Health and Senior Services
Department of Human Services**

Fast Track Eligibility Work Plan

I. **Directive:** Executive Order 100 directs the Department of Health and Senior Services (DHSS) and the Department of Human Services (DHS) to identify specific gaps and requirements necessary to streamline the paperwork and fast track the process of obtaining Medicaid eligibility for home care options for those who qualify. Cutting the “red tape” must be addressed so that older adults are not automatically directed to nursing homes because it takes too long to do the paperwork for home- and community-based care.

II. **Issue:** While clinical eligibility for an individual to qualify for long-term care options under Medicaid is determined by the DHSS, financial eligibility is controlled by the county boards of social services under the DHS. From a consumer’s perspective, the current system is frustrating for an individual – to obtain information, determine his or her financial and clinical eligibility, and receive services.

III. **Background:** Prior to the signing of Executive Order 100, the DHSS, in collaboration with the DHS, was awarded an Aging and Disability Resource Center grant from the federal Administration on Aging (AoA) and Centers for Medicare and Medicaid Services (CMS). The three-year federal grant is helping redesign access to the State’s aging and disability long-term care supportive services.

Fast tracking the determination of Medicaid eligibility is also a major objective in the ADRC initiative in support of the Executive Order. The goal, as stated in New Jersey’s ADRC grant application, is to facilitate seamless, one-stop access to long-term care supportive services by reengineering financial and clinical eligibility determination processes and infrastructures to support consumer directed care planning, meeting the person’s needs and preferences.

III. **Actions:** In March 2004, a working group was established with representatives from DHS and DHSS to develop a joint plan, including research on other state models such as Pennsylvania. As a first step in the process, the two departments began looking at its respective eligibility determination processes, including informational, procedural and systemic barriers.

Concurrently, two work groups in the ADRC organizational structure are focusing on the issue of Medicaid eligibility determination looking at the clinical and financial sides. Included in the work groups are DHSS and DHS staff and external stakeholders. A Medicaid eligibility determination process is being developed and implemented, whereby the paperwork is streamlined and the red tape is cut with fast tracking as the outcome. A goal of the ADRC initiative is to establish two pilot programs. Through a Request for

Proposal process, Atlantic and Warren counties were selected as test counties and are serving as testing grounds for an improved eligibility determination process.

III. **Discussion:** The DHSS is responsible for the clinical side of assessing whether a person is eligible for Medicaid and the DHS is responsible for the financial piece on the state level. In the counties, the Boards of Social Services handle the financial side and the DHSS' Office of Community Choice Options handles the clinical component. For an individual to receive Medicaid home- and community-based services and nursing home care both, these two distinct determinations of eligibility are required.

The application process for determining Medicaid eligibility is difficult to understand for both applicants and professionals. The forms are lengthy and duplicative. Both parts are poorly worded, which often leads to an incomplete application process and delays in the process for potential beneficiaries.

In brief, there is the financial component of the Medicaid application that potential beneficiaries must complete and the PA-4 form (Certificate of Need for Patient Care in Facility Other Than Public or Private General Hospital) for physicians to complete. It is only upon approval of financial eligibility that the Board of Social Services will forward the applicant's application, including the completed PA-4 form from the physician to the Office of Community Choice Options that is under the DHSS. This step triggers the Pre-Admissions Screening (PAS), for clinical eligibility determination. There is often a breakdown and delays between the state and county offices in the multi-step application process.

Additionally, the basis for rapid service delivery to Medicaid applicants is clear and concise information. Communications at all levels of governments is the basis for rapid delivery to applicants. Consumer information is necessary for individuals and families who need to understand the Medicaid system for home care options.

Following are action steps to carry out Executive Order 100:

IV. **Requirements to Streamline Paperwork:**

- Revise Medicaid application so it is more understandable. [Status: A draft version undergoing internal legal review at DHS. The applications were sent to the 21 Boards of Social Services under DHS jurisdiction.]
- Revise functional application for determining eligibility for Medicaid. [Status: completed at DHSS]
- Create fact sheets to better explain the eligibility determination process for applicants and update current beneficiaries. For instance, provide more fact sheets to help explain some of the more difficult areas of the application process, from determining spousal resources to explaining community spouse maintenance. [Status: They are in development at DHS.]
- Develop a complete application packet with a cover letter detailing the application process and also make it available on the Internet.

- Translate all materials into Spanish. (According to 2000 U.S. Census data, New Jersey's population is approximately 8.4 million with 1.2 million being foreign-born citizens. The state's minority communities include 13.6% African American, 13.3% Latino and 5.7% Asian.)
- Advance an individual's financial and clinical assessment so they happen simultaneously rather than one being done one before the other. [Status: Underway at DHSS/DHS]
- Create a brochure on Long Term Care Options in New Jersey through a grant to the state health insurance assistance program (SHIP) from the Center for Medicare and Medicaid Services (CMS). The goal is to raise awareness of the need to plan for long-term care by highlighting all options. [Status: In production at DHSS.]
- Use website NJ Helps.org to reach potential applicants by providing the opportunity for them to self determine on-line if they should pursue Medicaid eligibility.[Status: Underway at DHS]

Requirements to Cut Through Red Tape:

- Improve coordination between the clinical side for functional determination and financial piece for Medicaid determination. [Status: For the first time, the clinical and financial sides of Medicaid eligibility determination have been brought together under the ADRC initiative. A State Management Team with DHSS and DHS senior staff has oversight.]
- Study Medicaid workflow process and application forms in the ADRC pilots in ~~Atlantic and Warren~~ counties and work with county Medicaid staff to streamline and simplify the system. [Status: Testing underway at DHSS/DHS through the financial eligibility workgroup under the ADRC initiative.]
- Identify performance measures for revised Medicaid application through quality assurance and the evaluation process. [Status: Testing underway at DHSS/DHS through the financial eligibility workgroup under the ADRC initiative. Outcomes are being monitored with areas being identified for improvement, then revised and re-tested.]
- Research opportunities for expediting the obtaining of banking documents for the Medicaid population through national financial databases that can verify income, assets, property transfer, etc. [Status: Underway at DHS]
- Perform an IT exploration of New Jersey's computer network to interface with other State databases.
- Consolidate Office of Community Choice Options into three regions, from eight. [Status: The DHSS is working with the Department of Treasury on locations in the three catchment areas. . Also, the DHSS is streamlining position functions and responsibilities and increasing efficiencies through the consolidation of technology. As this Office performs the clinical eligibility for determination New Jersey's long-term care Medicaid funded programs, the operation of these offices is critical to the success of rebalancing long-term care in New Jersey.]
- Develop and implement provider training for hospitals and nursing home personnel regarding the Medicaid application process. Research possibility of incentives, such

as continuing education credits, for providers to attend this professional training.[Responsibility: DHS/DHSS]

- Create priority application process for expediting clients through the financial eligibility process. Prioritize needs of applicants, for instance, reaching waiver applicants before nursing home applicants.
- Explore payment process for clients who have been temporarily granted services funded by other state and federal funding.
- Hold regularly scheduled regional meetings with the County Boards of Social Services, Office of Community Choice Options, Area Agencies on Aging and Office of Eligibility Policy. Meetings should be quarterly with chairing responsibilities rotated among the various parties.
- Consider Assisted Living separately from other Medicaid home care options because an individual's place on the wait list is currently determined by clinical and financial eligibility determination.