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## **Proposal To Simplify Medicaid Eligibility Could Help With Anticipated Influx Of Enrollees, Stakeholders Say**

**A proposed change to modernize Medicaid eligibility could be the key to helping the state and local governments handle the estimated 1 million Ohioans expected qualify for the program in 2014, stakeholders said Friday.**

**The federal health care overhaul will expand eligibility for state Medicaid programs starting in 2014, and Ohio anticipates seeing the 2 million enrollees already served jump by 50%.**

**The Office of Health Transformation says the state's system for determining Medicaid eligibility is outdated and cannot support the mass of newly eligible Ohioans**

expected to apply. Accordingly, OHT has released a [concept paper](#) delineating its plan for simplifying the eligibility process and will take public comment on the proposal.

The goal of the new approach is not only to improve the client experience but also to significantly reduce the cost of the eligibility system.

"Ohio's current eligibility processes for health and human services programs are fragmented, overly complex and rely on outdated technology," OHT spokesman Eric Poklar said. "Improving eligibility systems is important to make the process better for the individuals we serve and also make the system work more efficiently so that local governments can make better use of their resources."

Joel Potts, executive director of the Ohio Job and Family Services Directors' Association, said there is no question that "a ton" of efficiencies can be found in the structure and those would enable the county JFS agencies to handle the 1 million newly eligible Ohioans. "This will allow us, even with the 50% increase in the number of people eligible for Medicaid, I think it is safe

**to assume that we would be able to absorb that within the structure that's currently there (in the plan)," he said. "If we try to use the existing Medicaid system without any changes, I think the cost would be off the charts to be able to do that."**

**Mr. Poklar said it already takes too long to process eligibility for the Ohioans currently eligible and the federal law could add another million people, "so we have to find ways to make our system work better to be able to handle the influx of newly eligible individuals beginning in 2014."**

**"This is a first step in a process to develop a new strategy and new systems to simplify how Ohio does eligibility for Medicaid and other health and human service programs."**

**County JFS agencies act as the "gatekeepers" to Medicaid enrollment because they ultimately determine if someone is eligible for a program, Mr. Potts said. "If somebody wants Medicaid, no matter how they approach it, sooner or later those papers or that work is going to go through a county agency."**

**Staff at the county level interview applicants, process paperwork, verify information and assess what assets and resources an applicant has, among other duties. "It actually is an unbelievably complex system. We're not just trying to verify that they're eligible for services, we also in many cases have to determine how much of a service they're eligible for," Mr. Potts said. "We've been talking about (reform) for decades. This is the first serious effort, I mean really serious effort, we've seen to make meaningful reforms on this large of a scale." Ohio Medicaid would shift from a system that has more than 150 eligibility categories to three categories.**

**Existing criteria for children younger than 18 would be maintained, with the majority of those already falling below 200% of the federal poverty level. Adults who use long-term care would maintain their existing eligibility requirements, and for all other adults the state will examine:**

- Eliminating spend down in Ohio, moving instead to a modified adjusted gross income limit of 138% FPL based on income tax information.**
- Removing income disregards and category specific income treatment. Also review asset and resource standards for modification.**

- **Eliminating the need for a state or federal disability determination in order to qualify for Medicaid benefits.**
- **Creating a hold harmless, grandfathered category for individuals already on the program who might be disadvantaged by implementation of eligibility criteria changes until their circumstances change or they move to other creditable insurance coverage.**

**"It's going to be a completely different approach to how we get benefits to our neediest citizens in the state," Mr. Potts said. The current system requires duplicative assessments to determine if a person qualifies as "poor" under separate programs. "It makes no sense whatsoever."**

**He said the concept paper offers to change two impediments to streamlining and modernizing the system: policy and technology.**

**"All of our programs are developed on parallel paths. It is not uncommon for a Job and Family Service Agency to be administering as many as 100 different programs," Mr. Potts said. "If you get different eligibility criteria for each of those ... then you've got to determine did this count in this case and not in the other."**

**The current Client Registry Information System used to process applications is 30 years old. Mr. Potts described it as "inflexible" and as not allowing an easy way for people to apply online. To upgrade that system could potentially cost more than \$200 million, he said.**

**The development of that, however, could be eligible for 90% reimbursement by the federal government.**

**"The governor's proposal without question is going to fundamentally change how people access services and the way services are delivered," Mr. Potts said.**

**OHT expects the new model would cover about the same number of individuals who would otherwise have been covered by Medicaid had no changes to the system been made. The new approach would make it easier for families to more easily see if they qualify for Medicaid. They would also be able to apply online under the proposal.**

**The concept paper also offers to cut out disability determination from the Social Security Administration or Ohio Medicaid as a prerequisite for adult eligibility.**

**The proposed simplification might require the federal government to "waive" existing barriers to bringing the**

**plan to fruition. After a period of stakeholder input, OHT intends to create a formal waiver request and post it for additional public comment May 1. Comments will be considered for incorporation into a final waiver request that will be submitted to the federal government in June.**

**The project would then move on to a request for proposals to competitively procure and implement a new eligibility system prior to the start of federally mandated eligibility expansion in January 2014, according to OHT.**