

DEPARTMENT OF HUMAN SERVICES - ADDENDUM
November 29, 2010
Hearing of the Senate Special Committee on Medicaid Reform.

- 1) Does the Medicaid application form require proof of residency and birth date?

HFS Form 2378H (application for medical benefits) instructs applicants to provide proof of age if anyone applying is age 65 or older to determine eligibility for the AABD program based on age. U.S. citizens are also instructed to provide documentation of birth and identity. DHS' combined application for Cash, Medical and SNAP Benefits Form 2378B requires proof of Illinois residence if applying for SNAP. DHS can use a variety of documents including mortgage books, utilities bills, employment records, voter's registration cards, driver's license, medical records, etc. to verify proof for SNAP.

- 2) What is passive redetermination vs. active? How many people are actively re-determined?? How many are passively re-determined?

At DHS currently approximately 946,000 cases are actively re-determined and approximately 307,000 (these are certain Family Health Plan cases) are eligible for a passive redetermination.

Passive redetermination is a process used for children only on FHP cases with income below 200% FPL. Families are mailed a REDE form with includes demographic information from the client database. The family is instructed to review the form and are only required to return the form if they have changes to report. If no changes are reported the children continue to be eligible for medical assistance.

Cases that are actively re-determined also receive a REDE form with instructions to complete the form, provide necessary verification and return the form by a due date. When the form is returned, a caseworker reviews the form to re-determine eligibility.

- 3) Tell me about converting mental health services to reach additional FFP.

DMH has fully maximized its ability to capture additional FFP via FFS conversions. DHS/DMH is working with HFS to develop a Medicaid waiver (1915c) that will allow the state to capture FFP for persons with mental illness transitioning from institutions into the community.

- 4) Provide specific examples of how the closure process for state-ops could be streamlined to make the process more efficient and meet the needs of the department and clients.

- Require closure of any de-certified facility if it fails to get re-certified within 3 or 6 months.
- Clarify that all COGFA time frames are calendar days not working days only.

- Strengthen the language in the COGFA process to support working with residents, families/guardians throughout the process (i.e. no 'hold' on communication with them).
- Many of the requirements in the COGFA make it very difficult to start or process parallel actions at the same time (i.e. labor relations discussions, RFPs, HFSRB applications). Placing these actions in a "freeze" until COGFA rules in their "advisory" fashion results only in delays that extend out the safety, clinical or financial risks to the consumers likely a risk upon which the discussion to close may have be predicated. The act should allow for parallel processing and planning to occur.