

The 118A Project

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Eligibility, Enrollment, and Members Services

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Problem Statement

The South Carolina Department of Health and Human Services (SCDHHS) partners with the South Carolina Department of Disabilities and Special Needs (SCDDSN) to administer Home and Community Based Waiver Programs. “The Federal Social Security Act –Section 1915 (c) allows Home and Community Based Waivers to meet the needs of people who prefer to get long-term care services and support in their home or community, rather than in an institutional setting.”¹ This gives consumers a choice to receive care at home who meet the degree of care provided in an Intermediate Care facility with developmental disabilities (ICF/MR). SCDDSN Waiver Enrollment Coordinators notify SCDHHS eligibility workers via form 118A that an individual has been awarded a waiver slot and will proceed with processing the enrollment. This notification is currently a paper process for SCDDSN waivers.

The purpose of this project is to evaluate the potential move from paper based 118A notifications and eliminate manual tracking of the documents. Electronic tracking would allow client status to be tracked, measured, and accessible to SCDHHS and SCDDSN. The SCDDSN Waiver Programs are for individuals with an intellectual or developmental disability. These include: the Community Support Waiver (CS); the Intellectual Disability/Related Disability Waiver (ID/RD); and Head and Spinal Cord Injury (HASCI) Waiver for individuals with traumatic brain, spinal cord, or similar disability. SCDDSN determines qualification criteria and SCDHHS determines Medicaid eligibility. If an applicant is found ineligible for SCDDSN services they are notified in writing; however, not meeting SCDDSN qualification criteria does not deny a client for possible Medicaid eligibility.

¹ Medicaid.gov, Home and Community Based Services, 1915 ©

Clients meeting SCDDSN criteria are added to a master waiting list for the Community Support and/or Intellectual Disability/Related Disability Waiver programs. However, there is no waiting list for the HASCI Waiver. Client must be categorically eligible (Aged, Blind, or Disabled) and meet income and resource guidelines to be determined financially eligible to enter the waiver.

The 118A forms are received and processed at four statewide locations and currently do not have a single point of entry at SCDHHS. They are tracked manually through a process that encumbers several hand-offs between the two agencies. SCDHHS and SCDDSN are accountable for ensuring the process is tracked and measurable, and for targeting unresolved forms that are cleared financially and awaiting to enter SCDDSN services. Circumstances do not always allow clients to enter services promptly with SCDDSN. This delay often leaves clients in a pending status with Medicaid eligibility.

This process also creates duplicate steps and elapsed time “the total time the process takes (work time plus any time spent on handoffs, batches, backlog, and so on)”² with document exchange. By establishing goals, we can better define how this process can be improved. “Goals are targets and measures used to set direction and to evaluate progress and degree of success.”³ The goal for this project is to improve eligibility processing by streamlining unnecessary steps of motion between SCDHHS and SCDDSN related to paper form 118A approval. Utilizing an electronic tool for this process will help both agencies evaluate documents quicker and help determine if processing targets are being met and clients are entering into SCDDSN services. In addition, search functions incorporated in the tool will

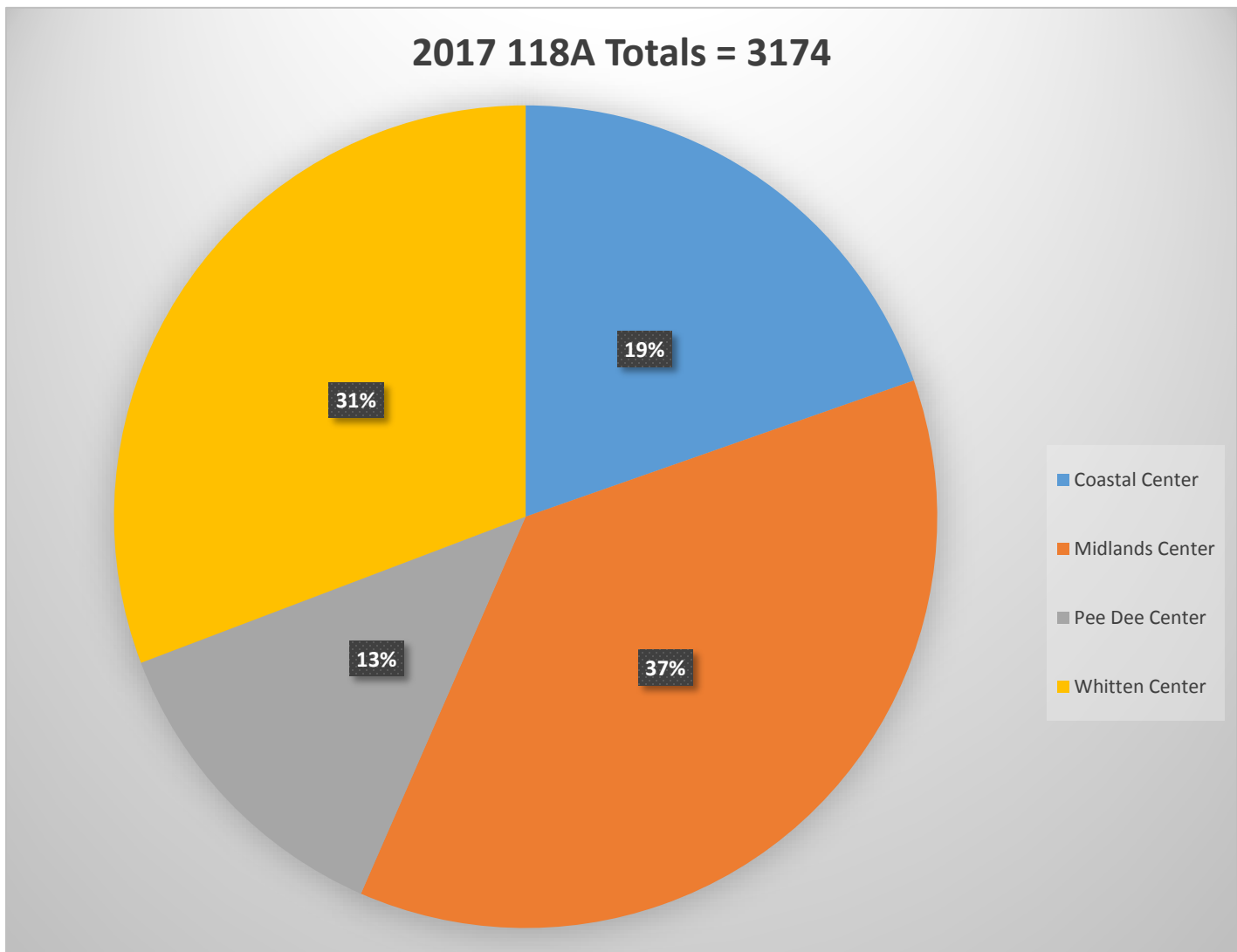
² Miller, Ken. *We Don't Make Widgets*, pg. 46

³ Rollo, James. *Performance Management*, 2nd edition, pg. 45

provide data results which are more reliable than manual tracking. This project has the potential to be an option for shared document exchange between state agencies that requiring tracking.

Data Collection

Currently, there are several hand-offs between the two agencies. Data summarized from manual tracking indicated over 3,174 forms received from January 2, 2017 to December 29, 2017. The table below reflects volume per site with an average of 265 forms per site.



The SCDHHS master list reflects 94 outstanding 118As forms from 2016 financially cleared by SCDHHS are still waiting to enter SCDDSN services. For 2017, 68 forms cleared were waiting to enter SCDDSN services. These forms represent old/stale cases in a pending status that bottleneck the system, and significantly impact consumers who are awaiting a slot award. This could also represent an enrollment issue with SCDDSN not putting an emphasis on getting clients enrolled prior to establishing services. Currently, the master list containing pending cases is compiled using Excel and sent to SCDDSN quarterly for updates. These cases remain pending in the SCDHHS Eligibility system until the 118A is returned by SCDDSN indicating client has entered services and met the Level of Care for an institutional program.

Form 118A is received for clients even if they have no Medicaid eligibility or history. SCDHHS eligibility processing must then create a household to accommodate the form into the electronic scanning system and application mailing is then sent by SCDHHS. This entire process can be a loss of time utilization if the client is not interested in the waiver (declination) or does not return the Medicaid application. Knowing this information prior to receiving the Form 118A would save both agencies time and allow another to receive the waiver slot award. Also, the eligibility task system used by SCDHHS (Pathos) needs information for it to successfully deliver the next task. With applications potentially not being returned, the scanned 118A form can possibly be cleared in the system or orphaned if proper follow-up procedures are not followed. This also applies when follow-up is not continued or due to case manager attrition with either agency.

To address the need for this project, a committee consisting of staff, leadership, Enterprise Systems, and Change and Innovation Agency met to review current workflow processes between SCDDSN and SCDHHS. The purpose of the committee was to look at first

how to integrate the SCDDSN program into the Business Practice Redesign model (Pathos) task based system used in Eligibility Processing. In addition, the group discussed ways to incorporate Enterprise Systems to develop a secure web based tracking tool between the agencies to ensure accountability and measure workflow outcomes of the 118A form.

The initial meetings focused on strategies to engage SCDDSN to complete upfront work to include verifying client interest in the waiver slot award process from SCDDSN, and coordinating Medicaid eligibility prior to slot award. Exploring opportunities to start the Medicaid application process when the client first contacts the SCDDSN Enrollment Line were also discussed. These actions could reduce unnecessary work if client is no longer interested in the waiver, while increasing the number of clients Medicaid eligible before a waiver slot is awarded.

The committee also reviewed SCDHHS process changes when the 118A is received and how these processes could be incorporated into a web based interactive tool without duplicating motion with the Pathos task based system. The tracking tool needs to have a file exchange with Pathos allowing information keyed to be uploaded into the task based system. The tool would ensure accountability in instance where work would not re-enter through Pathos and would reflect 118A forms that are pending by SCDHHS or not fully completed by SCDDSN. Pathos has no gauge to measure how SCDDSN tracks their 118A forms or how long it takes for clients to enter services and the form returned to SCDHHS. The web based tool would track tasks between agencies.

Enterprise Systems created a prototype web tool to electronically manage the 118A forms with the concept that a nightly file is distributed and would contain regional details for cases so

caseloads can be redistributed to workers during instances of high case volume. Functions of the system could be divided between Administrative Assistants and Eligibility workers. It would track all phases of motion with the 118A form, and provide the ability to measure how many forms were received to how many forms are outstanding or cleared by both agencies. Triggers would be incorporated to alert workers of change created by either agency.

Data Analysis

The need for an agency tracking form is critical in the eligibility process and would provide benefits for staff at both agencies. Relying on manual processes and worker Excel spreadsheets brings out inconsistencies and questionable tracking when working toward development of a statewide processing team dedicated to serving the SCDDSN waiver population. In addition, other communication notices such as declinations, revocations, Notices of Ineligibility, Transitions, and Disenrollment could be incorporated into the secure web based program along with the ability to pull queries, electronic follow-up, and search functions. This would delete manual tracking of forms and declination/revocation reporting to SCDHHS by SCDDSN.

Key strategies establishing client interest in a slot award before awarded, and the Medicaid application process will reduce clients added to the system who have no interest in the program. This screening would be beneficial and educational for all parties. It would also improve processing workflow for clients who desire the services. To begin this process, steps to clean up the SCDDSN waiting list and duplication will be needed. The list contains client information that is aged or no longer accurate. Initiating collateral calls to verify information and interest with future recipients could significantly impact the number of people on the waiting

list. This would provide a truer picture of clients seeking services and eliminate unnecessary work by both agencies. It would also improve the constant churn when the actions are completed on the back side of the process. This process would also result in the most recent and accurate client contact information printed on the 118A forms; therefore, reducing unnecessary mailings of applications and forms.

Completing front end work, verifying client interest, and starting the Medicaid application process is needed ground work to make sure both agencies are not touching the same elements and creating duplicate efforts. Consumers awarded waiver slots are already at-risk for incurring longer processing time prior to receiving services. The delays are often a result of excessive caseloads, lack of measureable enrollment deadlines, and respite services which is often a difficult service to obtain in many counties. These contribute to a pattern of delayed services.

Data analysis also proposed the question of why slots linger in the system with no timelines or methods to deal with outstanding and aged slot awards. This is unusual in any eligibility process. There is also a trend with reissuing slots that were recently denied, but have a new issue date. There is a need for SCDDSN to develop timeline standards associated with waiver slot award. This would help eliminate constant churn and delayed responses between the agencies, and give someone else the opportunity to receive the slot. Identifying this could potentially reduce the long pending status of financially cleared clients by SCDHHS waiting to enter SCDDSN services. Some exceptions such as respite may have a different timeline, but that service could be indicated in the tracking system.

Implementation Plan

Based on the above analysis, utilizing the tool internally is needed initially before expanding it interactively between both agencies. This would allow SCDHHS time to pilot the tool to better understand and gauge the learning curves, while increasing value added functions in order to receive buy-in from both agencies. This would also allow time for SCDDSN to establish strategies and procedures to the current Waiver Eligibility process. Initiatives to address pre-award procedures will be critical to the Tracking Project. Currently, clients are assigned different identifying numbers for each waiver program with SCDDSN.

The secure web based tool would be designed to operate in a Windows development environment, and be customized to track stages of workflow and activity. Establishing a central entry point for the forms will allow the paper document to be loaded into the tool as a front end system exchanging files with Pathos nightly through Onbase. SCDHHS currently uses Onbase as an electronic document management system. Exploring options to determine whether files can be directly loaded into Pathos (task based system) needs further discussion. Eliminating the paper form will not be an option until both agencies are using the tool. Customizing the tool with document stages, activities, and types allows form 118A to be tracked by case and user ID. Once the form is input into the system, the status reflects open, pending, and closed, and activity is tracked. From this activity, reporting functions can be viewed by assigned staff or a Super User. This could include the number of active cases, decisions, type of waiver, and number of days since case activity. The reporting aspects can be distinguished by many options and rules built into the system for various scenarios. In addition to reporting, document types can be added in the tool library and used to capture history of notices generated. Query functions would be an

added feature allowing data to be pulled within specified timeframes. This data could be shared with SCDDSN in lieu of manually generated Excel spreadsheets.

To better understand the recommendation for a web based tool between the agencies, staff would need to recognize the value of one system managing and tracking progress with both agencies. Often, adding another system is viewed as time consuming with staff that already feel overwhelmed. Staff from both agencies would need to see the value with electronic tracking.

Evaluation

The process for evaluating the project will be based on improved form 118A processing and enrollment timeframes between both agencies. Current turn-around timeframes can average from three to twenty-two months. The tracking tool will provide data to accurately measure when forms are received, cleared, or in pending status. Utilizing search functions in the system, data ranges can be selected to view lingering forms with excessive timeframes and generate a report requiring a response from SCDDSN. This will keep forms moving and help case managers stay timely with enrolling clients in pending slot awards. This report will also reflect if the delay is due to an eligibility issue with SCDHHS.

Conclusion

The tracking system proposed in this project is a way to bridge the gap between two state agencies currently exchanging a paper form with an electronic system. This system would address and resolve discrepancies that are often not visible with manual tracking. It would promote greater individual accountability benefiting the entire work group, and provide a more accurate measurement tool than manual tracking. This tool places an emphasis on follow up

through the entire process until the form is cleared, and the client enrolled in Medicaid and SCDDSN waiver services. At present, SCDDSN has a waiting list of over 7,800 recipients for the ID/RD waiver and over 3,500 for the CSW waiver. This list will only continue to grow as more citizens need services. It will take both agencies staying focused to effectively manage the enrollment process.

WAIVER CLIENT STATUS DOCUMENT

Attn: _____ From: _____

Client entering: PACE HASCI MR/RD Waiver PDD Waiver CSW Waiver

PART I – CLIENT INFORMATION

To Be Completed by DDSN/PACE

CLIENT NAME: _____ Soc. Sec. #: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____ Phone Number: _____

SEX: _____ MEDICAID NO: _____ BIRTHDATE: _____

RESPONSIBLE PARTY/SC/EI: _____

ADDRESS: _____

HOME PHONE NUMBER: _____ WORK PHONE NUMBER: _____

LOCATION: Home Hospital Community Residential Care Facility Nursing Facility ICF/MR OTHER _____

DHHS 1296C given to client: YES NO Date: _____ DHHS 1296-ER given to client: YES NO

SIGNATURE: _____ TODAY'S DATE: _____

PART II – TO BE COMPLETED BY MEDICAID ELIGIBILITY WORKER

Please check all boxes that apply

MEDICAID ELIGIBILITY STATUS:

- Current Medicaid Beneficiary. *Look back completed.*
- The above named recipient has been determined to be financially eligible; except for level of care (LOC), but his/her case cannot be certified until the 30 consecutive days requirement is met.
- Income Trust Yes No
- Not eligible for waiver or other long-term care services due to a transfer.
- Current Medicaid Recipient, Not eligible for waiver Services due to Non-Cooperation
- Other: _____

Verified Medicaid Number: _____ Payment Category: _____ Application Date: _____

Medicaid Eligibility Worker: _____ Date: _____

PART III – NOTIFICATION OF WAIVER SERVICES

LEVEL OF CARE: NF/Intermediate NF/Skilled ICF/MR

DATE LEVEL OF CARE DETERMINED: _____

Date the individual began or will begin receiving PACE/MR-RD/HASCI/PDD/CS Waiver Services: _____

Individual did not complete 30 consecutive days due to: _____

Send form back to DHHS Eligibility Worker

SIGNATURE: _____ TODAY'S DATE: _____