

# Public Assistance Benefits Accountability Task Force

## ODM Presentation: Medicaid 101

May 17<sup>th</sup>, 2022

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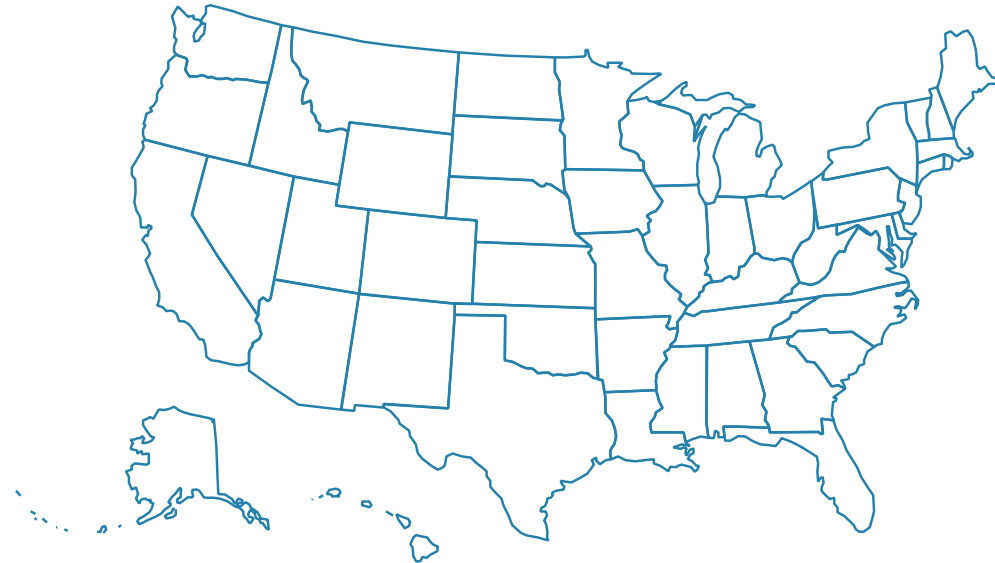
# Ohio Medicaid

- Medicaid is a joint federal-state program that provides healthcare to 3.37 million Ohioans as of March 2022
- Medicaid was created in 1965 but has been changed and expanded many times since its formation
- While predominantly federally funded, states administer Medicaid programs and have some flexibility to design their program within the allowable federal rules and regulations



# Foundation of the Medicaid Program

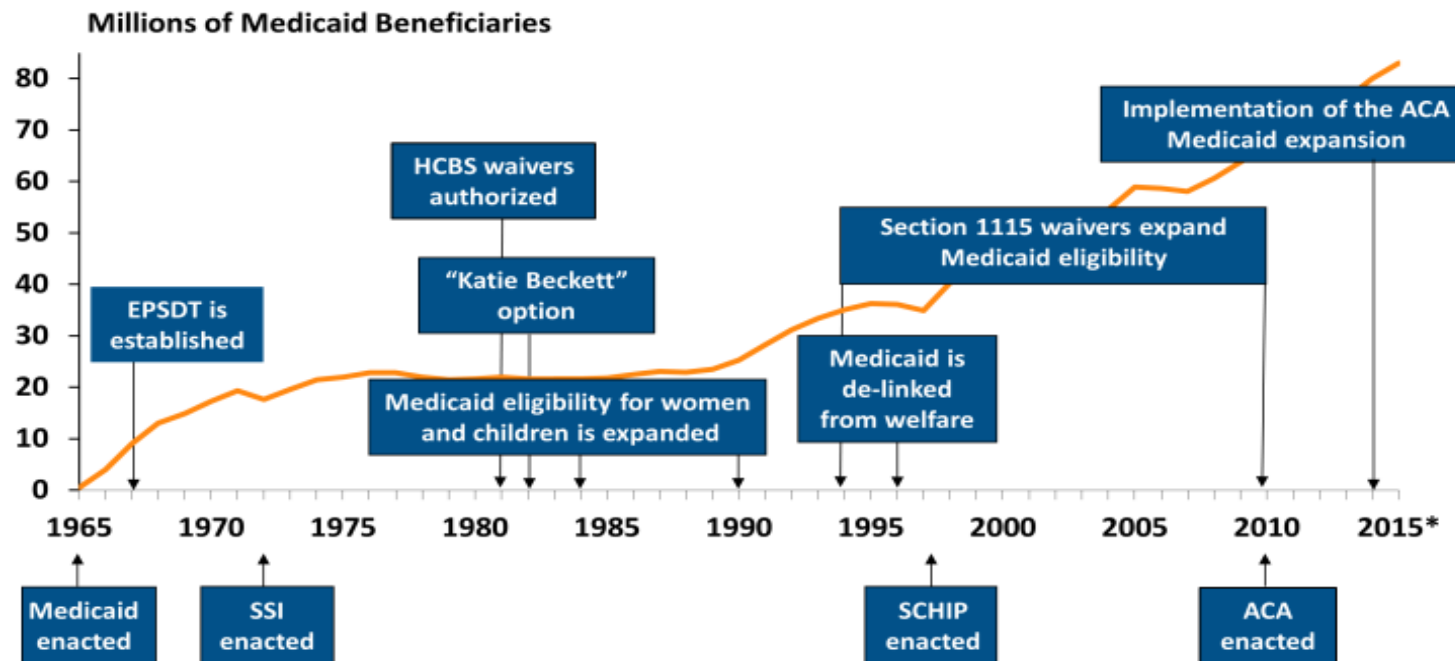
- **State Plan Amendment**
  - Equal access to care
  - Reasonable Promptness
  - Coverage of mandatory services
- **Waivers: 1915(b)**
  - Waiver Authority- Managed Care
  - SSI Kids Waiver
- **Waivers: 1915 (C)- 7 total**
  - Developmental Disabilities Waivers
    - Individual Options
    - SELF
    - Level One
- **Nursing Facility Level of Care Waivers**
  - PASSPORT
  - Assisted Living
  - Ohio Home Care
  - MyCare (29 Counties)
- **Waivers: 1115**
  - Community Engagement and Work
  - Demonstration Waiver for Substance Use Disorder Treatment



# Federal Milestones for the Medicaid Program

Figure 2

**Medicaid has evolved over time to meet changing needs.**



NOTE: \*Projection based on CBO March 2015 baseline.

SOURCE: KCMU analysis of data from the Health Care Financing Administration and Centers for Medicare and Medicaid Services, 2011, as well as March 2015 CBO baseline ever-enrolled counts.



# Ohio Medicaid Historical Milestones

- **1972:** Ohio chooses Medicaid program option as a 209b state
- **1978:** Ohio awards first managed care type contracts in Belmont and Cuyahoga counties
- **1981:** Freedom of choice waivers and home and community-based care waivers were established in Medicaid
- **1989:** First mandatory managed care programs established in Montgomery county
- **1990:** PASSPORT waiver implemented
- **1991:** Individual Options Waiver implemented
- **1996:**
  - Ohio awarded an 1115 waiver to expand the mandatory managed care population to additional counties
  - Welfare Reform: AFDC replaced by TANF
  - The Health Insurance Portability and Accountability Act of 1996 (HIPAA) was passed
- **1997:** Children’s Health Insurance Program (CHIP) created
- **1999**
  - Optional Medicaid eligibility groups and allowed states to offer a buy-in to Medicaid for working-age individuals with disabilities
  - Ohio Supreme Court decision: Olmstead v. L.C. ruling states must provide community-based services to persons with disabilities
  - Ohio Home Care waiver implemented
- **2001:** Ohio awarded a 1915b waiver and members assigned to MCP by their FFS utilization or MCP enrollment history
- **2002:** Level One DD waiver implemented
- **2005:** House Bill 66 mandated statewide expansion of managed care program for all Covered Families and Children (CFC) and part of the Aged, Blind and Disabled (ABD) populations
- **2006:** Assisted Living waiver implemented
- **2009:** Children’s Health Insurance Program Reauthorization Act of 2009 (CHIPRA)
- **2010:**
  - The Patient Protection and Affordable Care Act (ACA), commonly known as the “Affordable Care Act,”
  - Ohio expands coverage for children up to 200% FPL under CHIP
- **2011:** SELF waiver implemented
- **2014:**
  - Ohio expands Medicaid coverage for all non-disabled adults under 138% of the FPL
  - Ohio began enrolling dual-eligible members as part of MyCare Ohio demonstration program
  - Ohio began enrollment in Ohio Benefits
  - CMS regulations established heightened scrutiny standards for review of HCBS settings to reduce isolation of HCBS beneficiaries
  - Ohio begins work on Statewide Transition Plan.
- **2016:** Ohio switched from 209b to SSI standards of eligibility

# Collaboration



## Federal

Centers for Medicare and  
Medicaid Services (CMS)  
Health and Human Services  
(HHS)  
Office of Inspector General  
(OIG)  
Government Accountability  
Office (GAO)-Auditor Of  
State



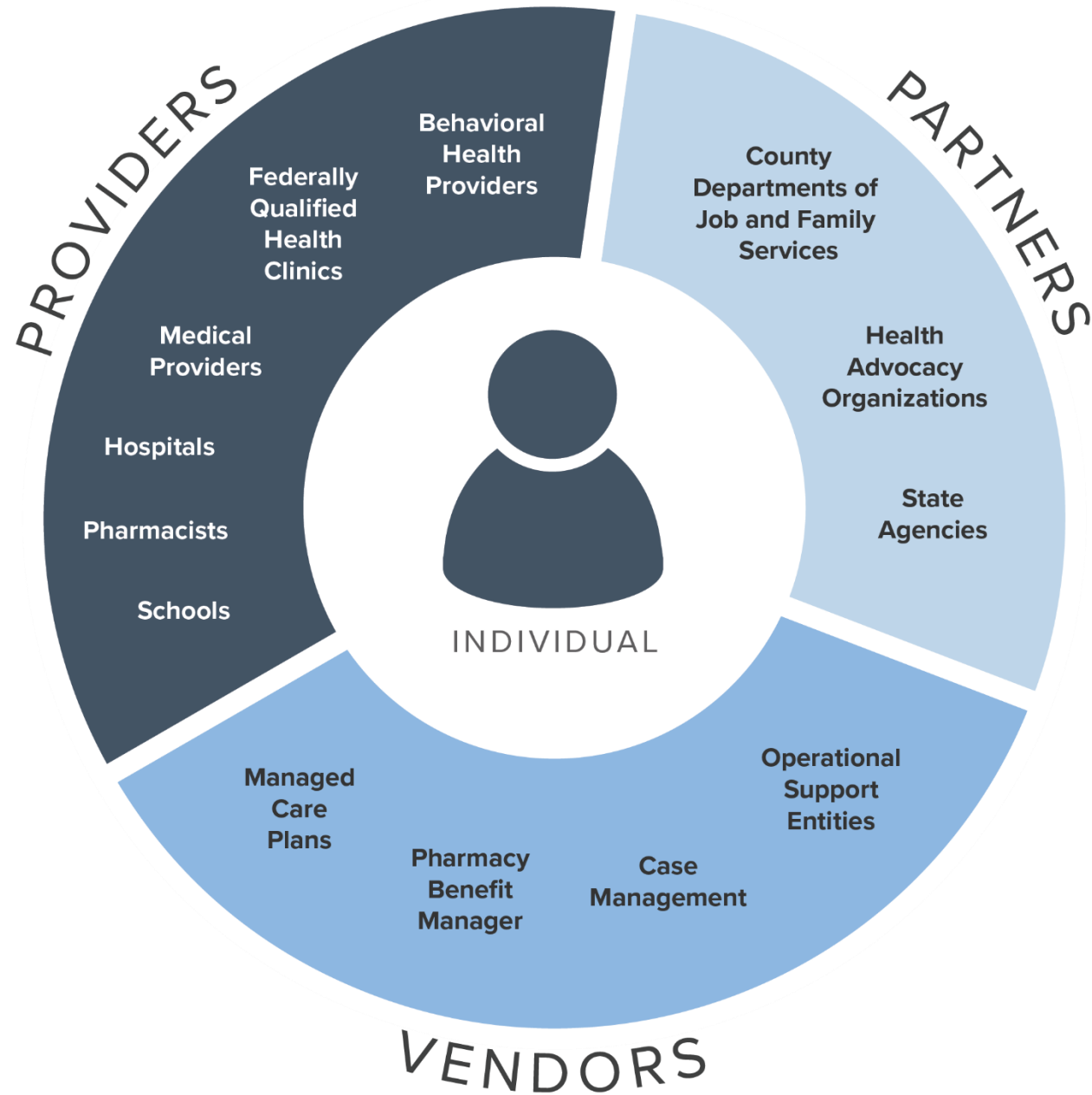
## State

Governor's Office  
Legislators  
Legislative Committees  
Sister Agencies  
Advocacy Groups  
Associations



## Local

88 County JFS Offices  
Community Boards  
Area Agencies on Aging  
Community Leaders  
Individuals  
Advocates  
Community Partners



# Program Integrity

## **Provider Fraud, Waste, and Abuse**

- Prosecuted by Ohio Attorney General Medicaid Fraud Control Unit with assistance from ODM Bureau of Program Integrity
- Managed Care plans required to have special investigative units and conduct provider audits and reviews

## **Enrollment Program Integrity**

- ODM contracts with ODJFS to provide technical assistance to counties for recipient fraud
- ODM Bureau of Program Integrity has a Medicaid Eligibility Quality Control unit to conduct reviews of county eligibility decisions
- In 2020, ODM created a County Engagement Unit to provide more thorough support for county offices regarding best practices and proper eligibility procedures
- Federal and state audits also investigate eligibility determinations

# Services Required by Federal Government

## **Mandatory Benefits**

Inpatient hospital services  
Outpatient hospital services  
EPSDT: Early and Periodic Screening, Diagnostic, and Treatment  
Nursing Facility Services  
Home health services  
Physician services  
Rural health clinic services  
Federally qualified health center services  
Laboratory and X-ray services  
Family planning services  
Nurse Midwife services  
Certified Pediatric and Family Nurse Practitioner services  
Freestanding Birth Center services (when licensed or otherwise recognized by the state)  
Transportation to medical care  
Tobacco cessation counseling for pregnant women

## **Optional Benefits**

Prescription Drugs  
Clinic services  
Physical therapy  
Occupational therapy  
Speech, hearing and language disorder services  
Respiratory care services  
Podiatry services  
Optometry services  
Dental Services  
Dentures  
Prosthetics  
Eyeglasses  
Chiropractic services  
Private duty nursing services  
Personal Care  
Hospice

# Major Eligibility Categories

- Income eligibility varies by category
- Most recent eligibility changes:
  - Jan. 1, 2014 MAGI eligibility
  - Aug. 2016 with conversion to 1634 state, Specialized Recovery Services (SRS) program for individuals with SPMI was initiated, and later expanded to include individuals with certain chronic conditions and individuals on a solid organ or soft tissue transplant list
  - 12-month postpartum coverage for pregnant women (inc. in HB 110)
- Medicare Premium Assistance Program (MPAP)

| Eligibility Group         | Federal Poverty Level | Monthly Income (Household Size 1) |
|---------------------------|-----------------------|-----------------------------------|
| Parent/Caretaker Relative | 90%                   | \$966                             |
| MAGI Adult                | 133%                  | \$1,428                           |
| Pregnant Women            | 200%                  | \$2,147                           |
| Children (CFC)            | 206%                  | \$2,212                           |
| Aged Blind Disabled (ABD) | 74%* (approx.)        | \$841                             |

\*When determining eligibility for ABD categories, actual dollar amount—not FPL percentage—is used.

## Varying Federal Funding Levels

- Federal Funding varies based on eligibility population
- PHE: enhanced FMAP
  - E-FMAP: Additional 6.2% for ea. quarter of the PHE
  - HCBS: Ap.1, 2021 – March 30, 2022  
Additional 10%
- Major information system design and build costs are funded at 90% federal; M&O is 75% (examples: SPBM, fiscal intermediary)
- Movement of an individual from one group to another may see no change in benefits, but federal FMAP is different

| CATEGORY         | Pre-PHE<br>Feb. 2020                         | Current FMAP<br>(Feb. 2022)       |
|------------------|--|-----------------------------------|
| Medicaid         | 63.02%                                       | 70.3%                             |
| CHIP             | 74.11%<br>(86.61% minus 13.5%<br>ACA add-on) | 79.21%                            |
| Medicaid<br>HCBS | 63.02%                                       | 70.31%<br>w/ addl. 10%HCBS add-on |
| Group VIII       | 90%  | 90%                               |
| Admin            | 50%  | 50%                               |
| Other            | Varies                                       | Varies                            |

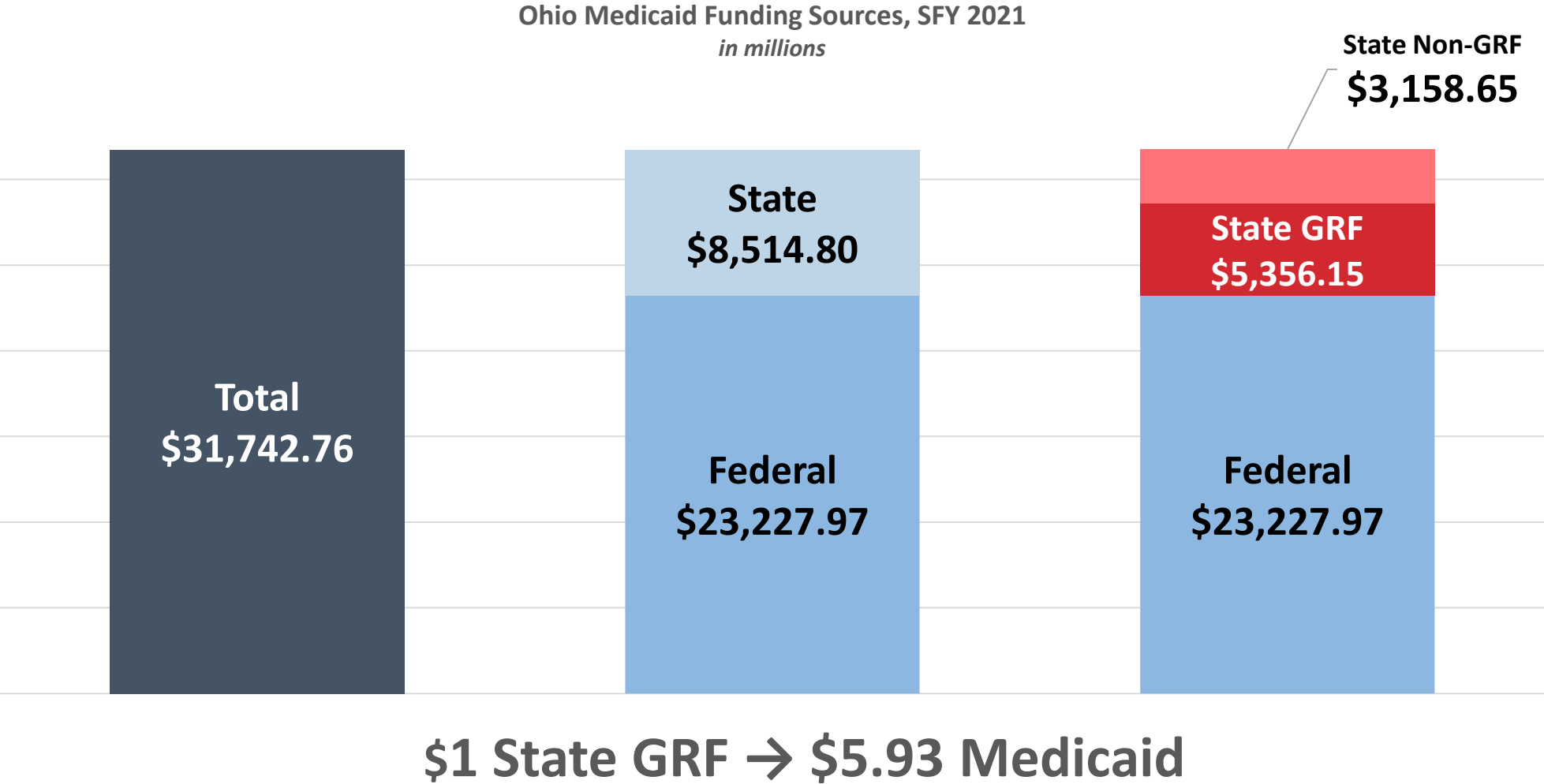
# Key Financing Levers

- Eligibility categories with various federal matching rates
- Value based payment strategies
  - Pay for Performance
  - Episode Based Payments
  - Comprehensive Primary Care
- Managed care
  - Benefit design & utilization control
    - *Required benefits must be paid for*
  - Actuarial rate setting, and risk adjustment/risk corridor
- HCBS waiver strategies, alternative to institutional care
- Financial
  - Franchise fees or public funds used for state match

| FEE FOR SERVICE   | MANAGED CARE   |
|---|--|
| <b>Rates developed by agency</b>  | <b>Rates developed by an actuary</b>   |
| <b>Providers reimbursed on fee schedule</b>                                 | <b>Providers contract with MCO &amp; are reimbursed according to provider-MCO provider agreement</b> |
| <b>Rates not required to be actuarially sound, but must assure “access”</b> | <b>Rates are required to be actuarially sound</b>  |



# Financing Ohio Medicaid





## Department of Job and Family Services

Mike DeWine, Governor  
Jon Husted, Lt. Governor  
Matt Damschroder, Director

Health & Human Services

# Supplemental Nutrition Assistance Program Overview

# Supplemental Nutrition Assistance Program (SNAP)

## ***Federal – United States Department of Agriculture, Food and Nutrition Services (FNS)***

- Write federal program rules and conduct program oversight through management evaluations, payment accuracy reviews, measure application timeliness, certify retailers to accept electronic benefits transfer (EBT) SNAP benefits, investigate retailer fraud and revoke EBT certifications, and approve retailers for online ordering
- Pay 100% of the EBT benefits, and provide states with 50% of the administrative costs to administer the program

## ***State – Ohio Department of Job and Family Services (ODJFS)***

- Write SNAP rules for counties to implement and conduct program oversight through management evaluations, payment accuracy reviews, monitor application timeliness, and provide technical assistance to counties
- Maintain the statewide automated eligibility system (Ohio Benefits) and EBT vendor contract
- Provide counties with 50% administrative funding

## ***County Job and Family Services***

- Determine SNAP eligibility for Ohioans, process changes to cases, and recertify households' eligibility
- Investigate client fraud and pursue penalties for fraud, establish overpayment claims and pursue collection, and provide fraud and claims data to ODJFS
- Operate the SNAP Employment and Training Program

# What is SNAP?

- SNAP is a supplemental food assistance program that provides households with funds on an EBT card to be used at retailers authorized by FNS. SNAP is not meant to provide for all of a household's food needs.
- Benefits can be used to buy most food products.
  - ***Prohibited items*** include alcoholic beverages; tobacco; vitamins and/or medicines; hot food products that are made to be eaten immediately (including prepared food from grocery stores and restaurants); and non-food items (such as pet food, paper products, diapers, soaps and household supplies).
- Online ordering is now available with Amazon, Wal-Mart and some other FNS authorized retailers.



## Department of Job and Family Services

Mike DeWine, Governor

Jon Husted, Lt. Governor

Matt Damschroder, Director

Health & Human Services

# Temporary Assistance for Needy Families Program Overview

## 4 Purposes of Temporary Assistance for Needy Families (TANF)

The purpose of the TANF Program is:

- 1 To **provide assistance** to needy families with children so that they can live in their own home or the homes of relatives
- 2 To **end the dependency** of needy parents on government benefits through work, job preparation, and marriage
- 3 To **reduce** the incidence of out-of-wedlock pregnancies
- 4 To **promote** the formation and maintenance of two-parent families.

# Ohio's TANF Programs

## OWF

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Ohio Works First (OWF) is the financial assistance portion of the state's Temporary Assistance to Needy Families (TANF) program, which provides cash benefits to needy families for up to 36 months. This is Ohio's only TANF *assistance* program.

## PRC

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Ohio's Prevention, Retention and Contingency (PRC) program provides work supports and other services to help low-income parents overcome immediate barriers to employment. PRC services vary between counties based on community needs. Each county has a PRC plan stating the types of services available in that county and the eligibility criteria for them. Services can include, but are not limited to, clothing and shelter, automobile repairs, employment and training. This is a TANF *non-assistance* program.

## CCMEP

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Comprehensive Case Management and Employment Program (CCMEP) is for 14-24 year-olds and integrates funding from both the Workforce Innovation and Opportunity Act (WIOA) youth program and the Temporary Assistance for Needy Families (TANF) program to offer more coordinated, individualized services. This is a TANF *non-assistance* program.

## Who is eligible for Ohio Works First (OWF)?

Families with children that meet a “gross monthly income test” may be eligible. Gross monthly income includes unearned income –for example, Social Security benefits – and earned income- such as payment for work– before taxes. The maximum gross income allowable for a family of 3 is ***\$915 per month***.

Minor children living with guardians other than their parents may be eligible for “child-only” assistance, with no time limit. Women who are at least 6 months pregnant may be eligible for individual assistance.

Work-eligible individuals must participate in a work activity or training for at least 20 hours per week, if not more, in order to continue receiving benefits.

36 month time limit for receipt of benefits with a possibility of an extension up to the federal time limit of 60 months based on hardship or good cause.



## KEY TAKEAWAYS

- Supplemental Nutrition Assistance Program (SNAP) is a *supplement* to the household's food budget.
- SNAP is provided on an EBT card and households can buy/order online with retailers such as Amazon, Wal-Mart and other FNS certified retailers.
- Household gross income (before taxes and other deductions) must be under 130% FPL to be eligible for SNAP.
- SNAP benefit is based on income and expenses. Typically the higher the income, the less SNAP benefits the household receives.
- Able-bodied adults without dependents (ABAWDs) are required to participate in SNAP Employment and Training program regardless of time-limit waiver.
- Ohio Works First (OWF) work eligible individuals must participate in a work or training activity to maintain benefits.
- OWF is limited to 3 years (with up to two years of hardship or good cause extensions – federal time limit of assistance is 5 years).



# QUESTIONS?



# OHIO'S JOB AND FAMILY SERVICES SYSTEM

An Overview of the County Role

**Joel Potts, Executive Director**

May 17, 2022

# County JFS Departments:

Administer over **100 programs** and **50 major funding streams.**

These 50 funding streams are balanced **over 5 different fiscal cycles.**



## Oversight + Direction

### Local agencies currently administer programs for three federal agencies:

U.S. Department of Health  
and Human Services

U.S. Department  
of Labor

U.S. Department  
of Agriculture

### Local agencies receive direction and/or oversight from:

Ohio Department of  
Job & Family Services

Ohio Department of  
Medicaid

Ohio Dept. of  
Administrative  
Services

State and Local  
Elected Officials

## Program Administration

Counties administer the following programs:

- Cash assistance/Ohio Works First
- Food assistance/SNAP
- Public Assistance Employment & Training
- Childcare
- County TANF programs
- Medicaid (including LTC, CHIP, and ABD)
- Adoption
- Adult Protective Services
- Child Protective Services
- Refugee Services
- Child Support Enforcement

**Local Agency Organization:**

- 73 county JFS departments oversee the county OhioMeansJobs center operations
- 68 county JFS departments oversee the county public children's services agency
- 68 county JFS departments oversee the county child support enforcement agency

50 agencies are “quadruple combined”

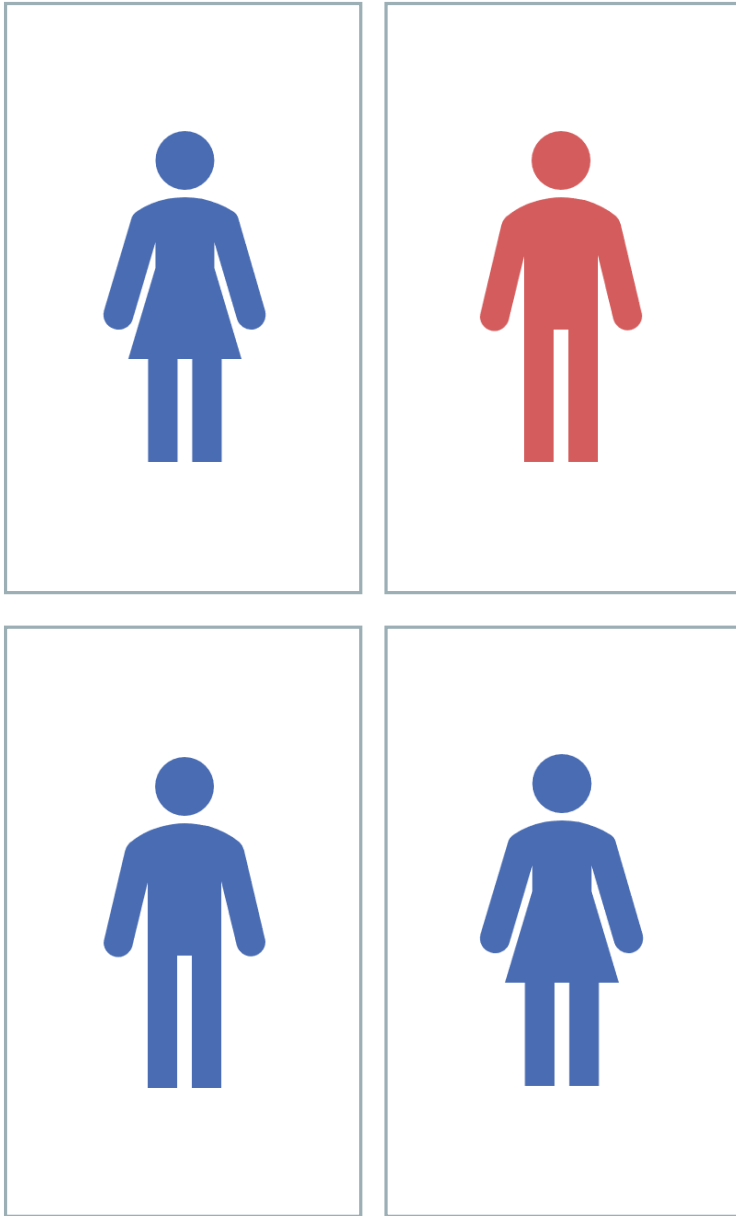
## State Supervised + County Administered Government

### ODJFS/ODM

- Federally Designated State Agencies
- Federal & State Law Interpretation
- IT Governance, Development & Maintenance
- Compliance Driven
- Rule Development
- Auditing and Monitoring

### Local Agencies

- Provide Direct Services to Clients
- Determine Eligibility
- Direct Resources to Community
- Program Integrity
- Operationalize programs



OHIO'S COUNTY  
JFS AGENCIES  
ARE SERVING  
1 IN 4 OHIOANS  
AT ANY GIVEN  
MOMENT IN TIME



## THE PEOPLE WE SERVE:



The majority of working-age public assistance recipients are employed.

# OUR SYSTEM IS ELIGIBILITY BASED VERSUS NEED BASED



SNAP/Medicaid/TANF Application Process = 52-58 caseworker minutes per application

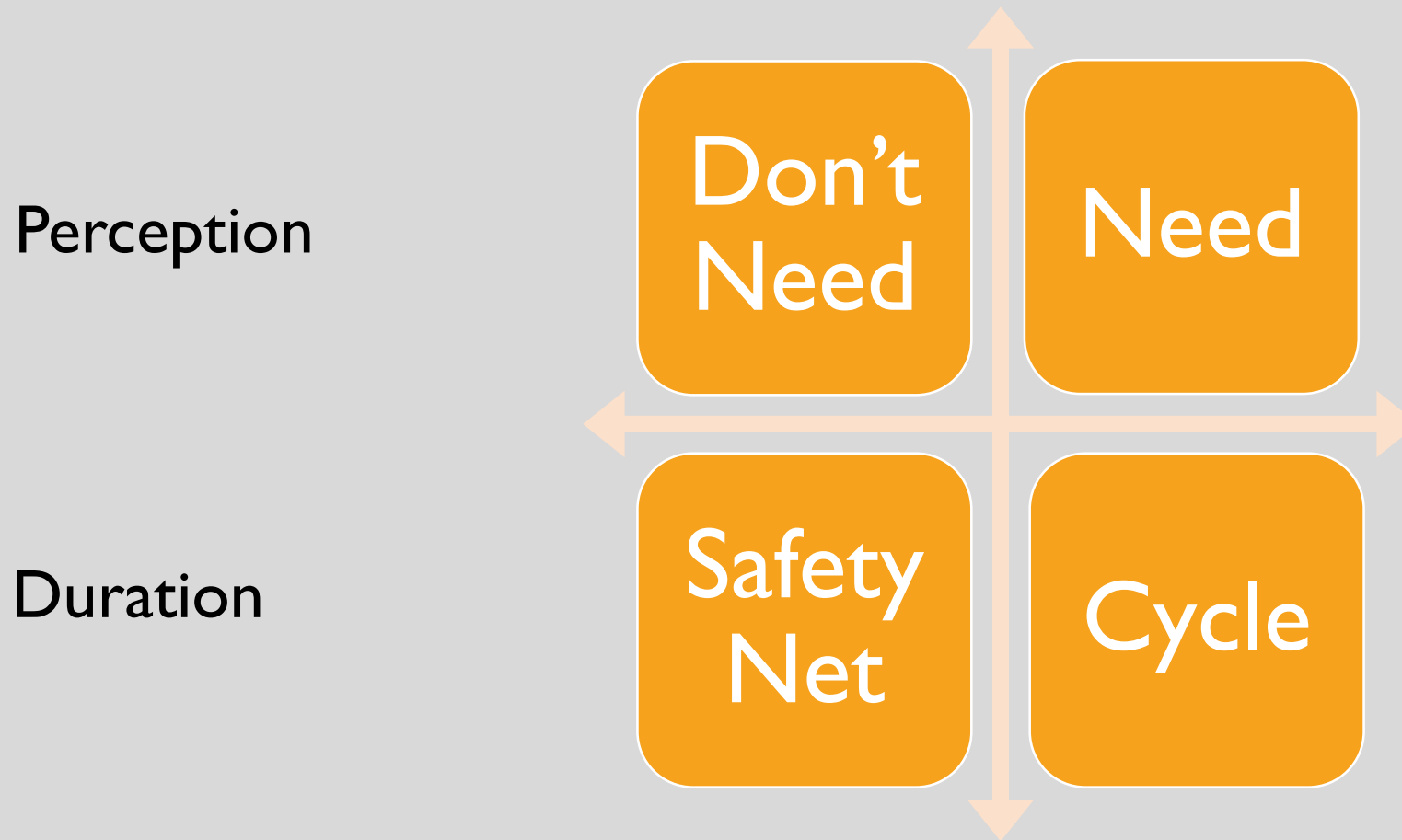
SNAP/Medicaid Recertification – 37 caseworker minutes per application minutes

Medicaid Renewal – 30 caseworker minutes per application

State hearing – approximately 1 hour per hearing

## TRANSACTIONAL VS. TRANSFORMATIONAL

# OHIO'S SYSTEM DESIGN



# OHIO'S PROGRAM PRIORITIES

- Fraud Prevention and Control



- Benefit Bridge
- CCMEP
- Work Supports (i.e. PRC & Child Care)

# ADVANCES IN TECHNOLOGY

## Major Operating Systems

- Ohio Benefits – SNAP, Medicaid, TANF, *child care*
- SACWIS – child protective services
- SETS – child support enforcement
- ARIES – workforce development/WIOA
- ODAPS – adult protective services

## Recent PA Service Delivery Enhancements

- Customer Service Standardization Technology: includes call centers, interactive voice response, outbound phone notifications, audio-signature, virtual hold.
- Performance reports
- Enterprise Document Management System

Current legislative efforts to bolster streamlined access to information.

# Public Assistance Benefits Accountability Task Force

## **Ohio Medicaid: Eligibility Determinations**

Ohio Department of Medicaid

June 28, 2022

# Key terms

- **Alert:** electronic notification to caseworker in Ohio Benefits of potential change in a beneficiary's circumstances that may affect eligibility
- **Defect:** Ohio Benefits not working as designed
- **Enhancement:** Ohio Benefits working as designed but improvement needed
- **Ex Parte renewal:** a redetermination of eligibility based on reliable verified information contained in the enrollee's eligibility case or other more current info available to the agency, inc. info accessed through electronic data sources. Ex parte can be done by the enrollment system, or manually by a county case worker
- **Ohio Benefits:** Ohio's public benefits eligibility and enrollment system
- **MEQC: Medicaid Eligibility Quality Control** program: federally-required program where states design and conduct projects, known as pilots, to evaluate the processes that determine an individual's eligibility for Medicaid and Children's Health Insurance Program (CHIP) benefits.
- **PERM: Payment Error Rate Measurement:** federal review which measures improper payments in Medicaid and CHIP and produces improper payment rates for each program. The improper payment rates are based on reviews of the Fee-For-Service (FFS), managed care, and eligibility components of Medicaid and CHIP in the year under review. It is important to note that the improper payment rate is not a "fraud rate" but simply a measurement of payments made that did not meet statutory, regulatory, or administrative requirements.

# Status of ODM work in response to Auditor recommendations

| Recommendation  | Status      |
|---|-------------|
| OB system-improve alerts  | In Progress |
| Joint New User training and regional LTC training; improve training for caseworkers | Complete    |
| Reducing and monitoring the backlog of applications and renewals                    | In progress |
| Addressing the lag in receiving applications from the marketplace and SS            | Complete    |
| Improving reporting to counties to aid in application processing                    | Complete    |
| Increased staffing at ODM and funding to counties to address backlog                | Complete    |
| Re-evaluate eligibility for individuals identified in review                        | Complete    |
| Improve OB data governance  | In progress |
| Identify best practices for county-administered Medicaid program                    | In progress |

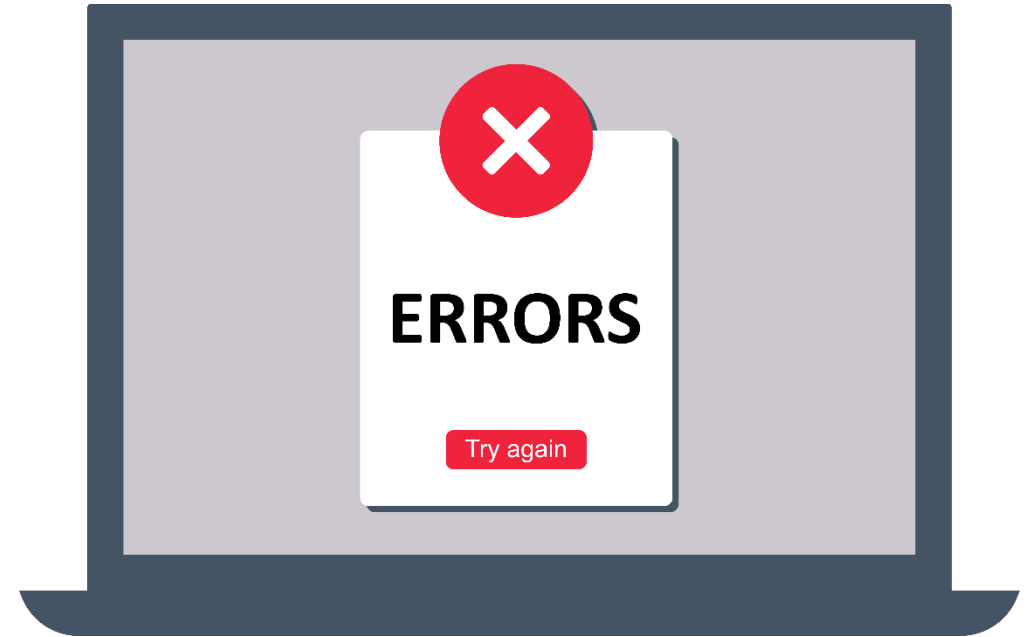


## ODM Work to Improve in Context

- New Ohio Department of Medicaid (ODM) leadership in 2019
  - Immediate work to address caseload backlog
- Federal Payment Error Rate Measurement (PERM) audit and Auditor of State reviews identified serious defects in the Ohio Benefits (OB) eligibility system
- Addressing similar corrective action plans in response to audits or reviews from the HHS-OIG and CMS Medicaid Eligibility Quality Control (MEQC) program
- New team handling audit responses at ODM
  - Reviewed process for efficiencies and best practices
  - New tools for tracking ODM responses
  - Proactive remediation

# Strategies to improve eligibility determinations

- System Improvements
- Monitoring and Reporting
- County Training and Engagement



# System Improvements

# Strategies to Improve Eligibility Determinations: Ohio Benefits Defects

To address defects in Ohio Benefits ODM began grouping defects by functionality and ranking those groups by impact to address the most problematic issues first.

Continuous improvement and reduction of defects in Ohio Benefits

- Renewals: fixed defects related to system created renewal dates
- Change reporting: fixed defects to allow workers to process changes
- Ohio Benefits Worker Portal: fixed defects that deter application and prevent application processing

ODM, ODJFS, DAS, and Accenture staff categorized 1,500 defects and 500 enhancements into 13 priority areas. Between August 2019 and December 2020, nine releases fixed nearly 1,000 of these defects.

# Strategies to Improve Eligibility Determinations: Ohio Benefits Enhancements

- Alerts: ODM worked with ODJFS to review every alert generated in Ohio Benefits, seeking to reduce unnecessary, duplicative, or unhelpful alerts sent to caseworkers. Alerts cut nearly in half.
- Ex Parte Renewals: Significant improvements to the ex parte renewal process to improve the accuracy and streamline the number of Medicaid renewals that occur in the system without county caseworker intervention.
- Overrides: Employed a system enhancement to require supervisor approval of worker overrides, a significant source of errors.
- Automation and Bots: ODM implemented automation and bots (baby bot and DRC bot) and continues to explore automation options.
- Audio Signatures: Implemented enhancement allowing applicants to multiple programs to provide only one audio signature.
- These and other enhancements are expected to greatly assist the CDJFS agencies while improving accuracy.

# Ohio Benefits Defects & Enhancements as of May 2022

| #  | Key Audit or CAP Focus Area Functional Group |   |   |   |
|----|--|---|---|---|
|    |  | Implemented Defect Corrections and Enhancements | Scheduled Defect Corrections and Enhancements | Unscheduled Defect Corrections and Enhancements |
| 1A | Eligibility Determination Errors             | 400   | 74  | 13  |
| 1B | Alert Management                             | 48  | 14  | 2   |
| 1C | Income Overwrites and View History           | 52  | 6   | 0   |
| 2  | Renewal Processing                           | 47  | 1   | 0   |
| 3  | Change Reporting (Redetermination)           | 33  | 22  | 5   |
| 4  | SSP Look and Feel                            | 36  | 7   | 4   |
| 5  | Notices of Action                            | 45  | 11  | 1   |
| 6  | Document Management                          | 1   | 4   | 1   |
| 7  | IVR/CSS                                      | N/A   | NA  | N/A   |
| 8  | Signatures                                   | 1   | 0   | 0   |
| 9  | Electronic Verification                      | 25  | 9<br>1  | 6   |
| 10 | Intake and No Touch                          | 34  | 6   | 0   |
| 11 | Reports                                      | 26  | 5   | 0   |

# Ohio Benefits: Current Defects

| Row Labels   | Needs Scheduled | Release 4.2.1 (7.9.22) | Release 4.3 (8.20.22) | Release 4.4 (10.15.22) | Grand Total |
|--------------|-----------------|------------------------|-----------------------|------------------------|-------------|
| All Programs | 23              | 28                     | 36                    | 40                     | 127         |
| SNAP / TANF  | 32              | 13                     | 25                    | 19                     | 89          |
| Medicaid     | 8               | 8                      | 27                    | 13                     | 56          |
| Child Care   | 6               | 7                      | 1                     | 7                      | 21          |
| Grand Total  | 69              | 56                     | 89                    | 79                     | 293         |

## Strategies to Improve Eligibility Determinations: Ohio Benefits

- OB Data Governance Committee – includes ODM, ODJFS and DAS.
- Technical assessment of Ohio Benefits – Ohio engaged a vendor, Currier McCabe and Associates, to perform an in-depth system assessment.
- The assessment reviewed Ohio Benefits management, infrastructure, and application to document risks and provide recommendations.
  - **Short-term** – The vendor provided mitigation strategies based on best practice and industry standards of risks and issues identified.
  - **Long-term** – Ohio will consider risks and issues identified that cannot be remedied via a change request in Ohio Benefits system as technical requirements RFP for the maintenance and operation of Ohio Benefits system or in the procurement of a new eligibility and enrollment system.



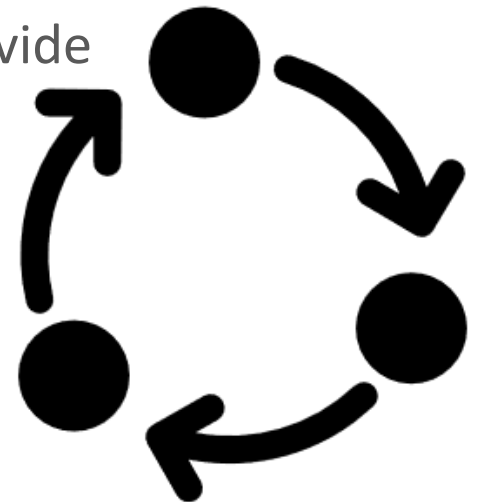
# ODM Monitoring and Reporting

# Application Backlog

- In January of 2019, CMS put ODM on notice it would require a corrective action plan to address nearly 100,000 pending applications and more than half were pending for 45 days or more.
- Corrective actions:
  - » Worked with county partners to address human errors; and with DAS and JFS to address Ohio Benefits issues.
  - » Pre-PHE, met weekly with CMS to discuss progress. Monthly reporting to CMS on progress continues.
  - » Added staff at ODM for trouble-shooting and technical assistance.
  - » Increased reporting to and engagement with counties.
  - » Increased alert monitoring and county feedback.
  - » Improvements to the ex parte review process in Ohio Benefits for renewals.
- In May of 2022, ODM had 6,297 Medicaid applications pending for > 45 days.

## Strategies to reduce repeat findings: MEQC Monitoring

- Medicaid Eligibility Quality Control (MEQC) is a federally required review. ODM leveraged the knowledge of the MEQC unit to provide feedback to CDJFS agencies and improve case accuracy.
- Improve the effectiveness of MEQC unit
  - Standardized and aligned MEQC reviews with PERM reviews
  - Built EQC system application to improve process
  - Improved reporting abilities
- Continually looking for opportunities to support the county agencies and provide feedback
  - Participated in roundtable discussions
  - Ongoing participation in quarterly meetings
  - Ongoing participation in training



# County Training & Engagement

# Strategies to reduce repeat findings: County Training & Engagement

- A comprehensive ongoing training strategy has been developed to:
  - Address common county caseworker errors - presented in specialized training sessions, monthly webinars and pre-recorded presentations
  - Work with ODJFS to educate new workers on cash, SNAP and Medicaid benefits incorporating policy and systems. Began in 2020, today the 5th class is moving through the 12-week course
  - Train those case managers who are new to long term care eligibility incorporating policy and system training
- Updated language in county subgrant agreements related to application and renewal processing requirements



## CDJFS Training Opportunities

- During calendar year 2021, ODM provided training updates on 62 topics.
- ODM hosts monthly webinars with all 88 counties. Webinars include policy updates, training material, and general guidance or instruction on recent changes and issues.
- ODM and JFS also host quarterly webinars to discuss training topics affecting multiple programs.
- For each major system release or system enhancement that impacts the end user, updated training materials are produced and disseminated. These materials may take the form of job aids that are posted to the project website, train-the-trainer sessions, and video conferences where system users can ask live questions about the system.
- Recordings of previous ODM training and materials are available for viewing at any time on the JFS hosted Innerweb, along with current eligibility policy related desk aids.

## County Engagement Team

- Created as part of PERM CAP
- State is split into five regions with a county engagement manager in each region
- Quarterly calls with each region to discuss application timeliness
- Weekly timeliness calls with select counties
- Monthly hypercare calls with each region to discuss Technical Assistance webinars
- Identify and share best practices from counties
- Developed and recorded “Small Bites” training on renewal signature requirements
- Individual county hypercare training sessions as requested. Topics include:
  - Entering income into Ohio Benefits
  - Long-term care eligibility
  - Using AVS
  - Hub Ping
  - E-verify
  - Using the Work Number
  - Completing renewals/running RE correctly

# Continuing Challenges

- **Public Health Emergency** required shifted focus, changed eligibility standards, and will require significant unwinding effort
- **OhioBenefits**
  - Competing priorities including hardware/software, cash/SNAP, and unravelling the public health emergency changes
- Eligibility **complexity** and changing regulations
- **County caseworker workload and turnover**
- Ensuring **training** reaches all caseworkers





# **Public Assistance Benefits Accountability Task Force**

## **AUDITS OF MEDICAID ELIGIBILITY PROCESS**

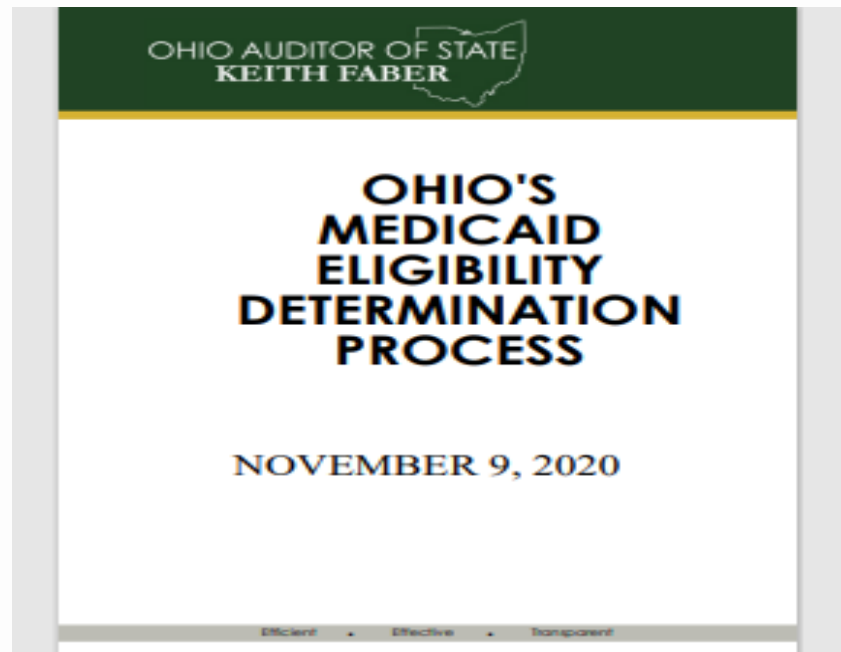
**June 28, 2022**

# Medicaid Contract Audit Section

- Focus on Integrity of the Medicaid Program
- Conduct Financial Related Procedures
- Perform Compliance Examinations
- Complete Public Interest Audits
  - Managed Care Pharmacy Benefit Managers
  - Medicaid Eligibility Determination Process
  - Capitation Payments – Duplicates, Incarcerated or Deceased
  - Public Assistance Reporting Information System (PARIS)

# Medicaid Eligibility Determination Process

**Audit Period July 1, 2018 – June 30, 2019**



<https://ohioauditor.gov/auditsearch/Search.aspx>

# METHODOLOGY

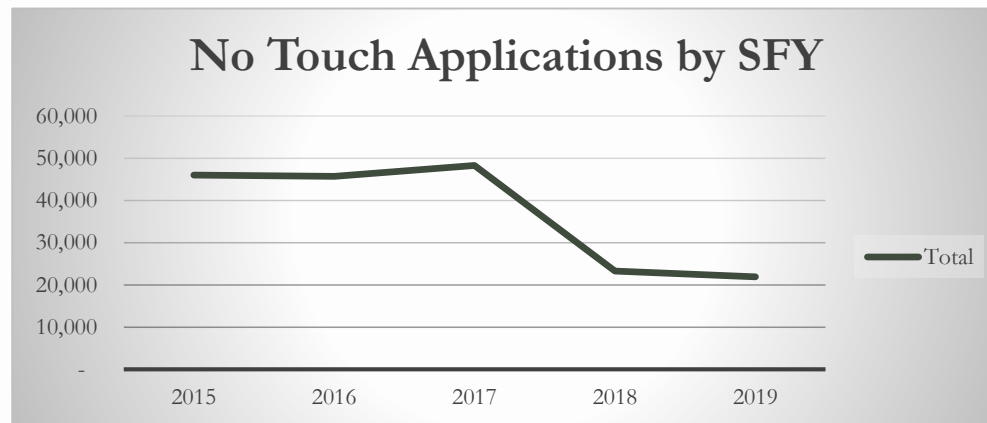
- Selected 27 counties
- County Job and Family Services, Department of Medicaid/Department of Administrative Services
- Long Term Care Facilities and Managed Care Organizations
- Sample – Per County
  - Aged, Blind and Disabled (ABD), Group VIII Expansion, Covered Families and Children (CFC) and Other
  - Reviewed Information To Re-determine Eligibility

# KEY FINDINGS

The Ohio Benefits system had significant shortcomings

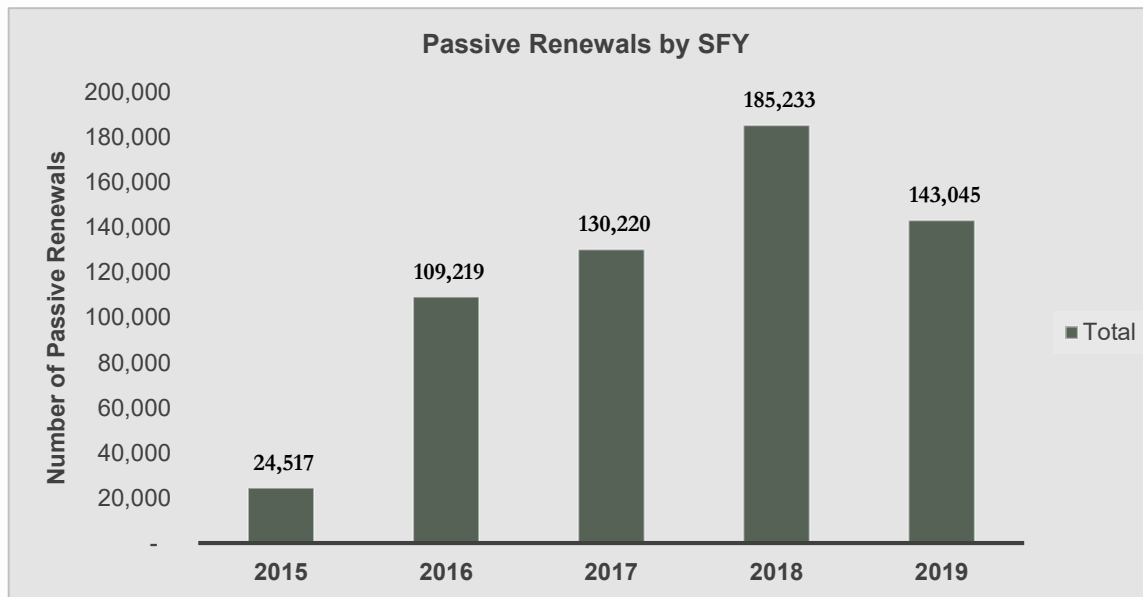
- Creates barriers to customer's obtaining benefits
- Impacts the county's ability to serve its customers
- Limits State's ability to monitor this major program

Increase in Applications – Decrease in No Touch Application



# Passive Renewals

Total renewals increased and passive renewals decreased



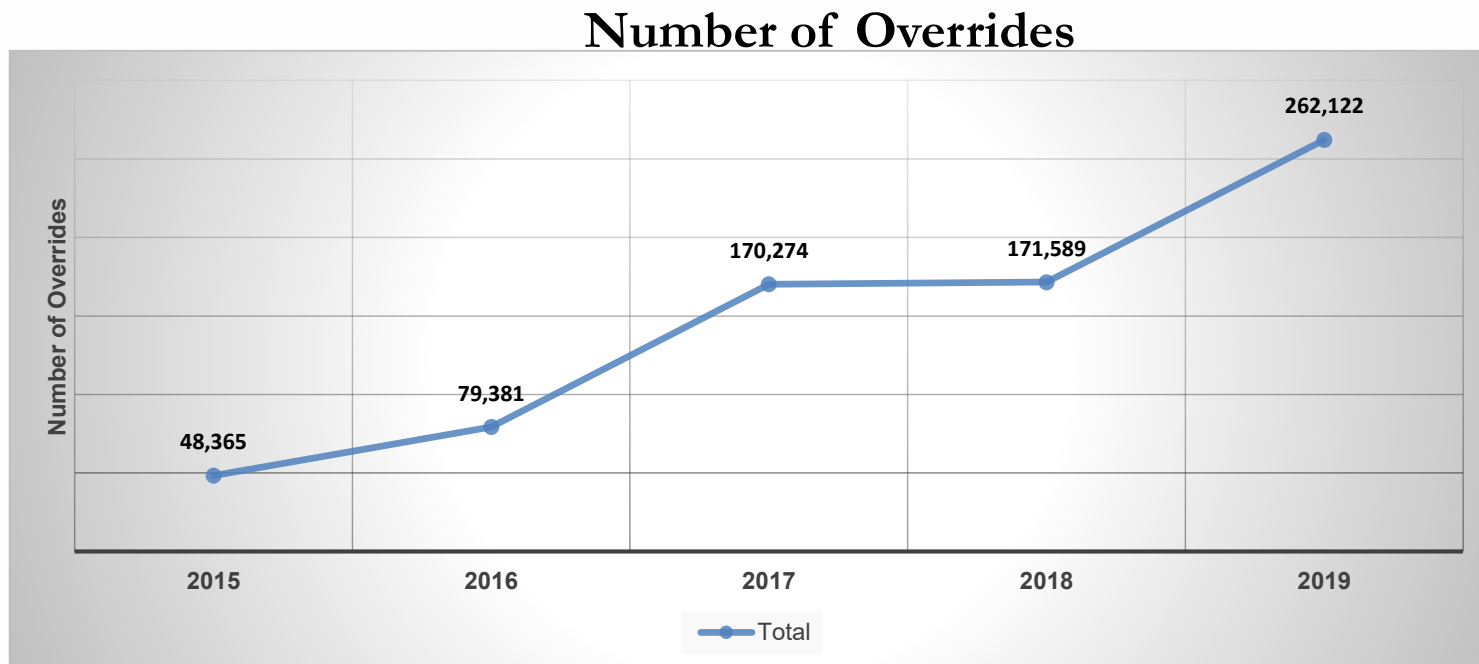
# Backlog

## Comparison of Application Processing Time

| <b>2018</b>      | <b>Determinations Under 24 Hours</b> | <b>Determinations Over 45 Days</b> |
|------------------|--------------------------------------|------------------------------------|
| Ohio             | 13.0% to 13.6%                       | 25.5% to 28.6%                     |
| National Average | 30.8% to 32%                         | 17.9% to 18.2%                     |
|                  |                                      |                                    |
| <b>2019</b>      | <b>Determinations Under 24 Hours</b> | <b>Determinations Over 45 Days</b> |
| Ohio             | 17.9% to 18.6%                       | 14.9% to 20.2%                     |
| National Average | 31.8% to 47.1%                       | 11.2% to 17.9%                     |

# System Overrides

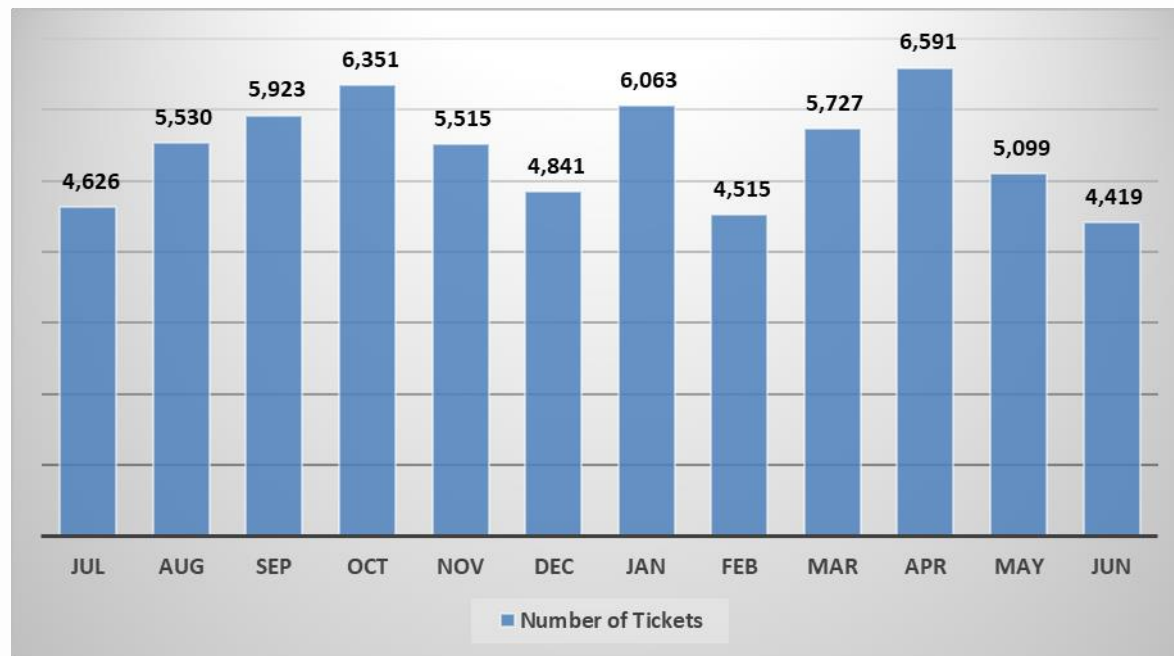
- The override is required to “force” the correct result
- After an override, system generated updates do not process correctly resulting in manual updates





# Helpdesk Tickets

Statewide Tickets by Month (July 1, 2018 – June 30, 2019)



# Alerts

Alert – Notification of Change: May Impact Eligibility

❖ In SFY 2019 - 11.8 Million Alerts

Including Alerts for Other Programs (SNAP and TANF)

❖ SFY 2019 - 17 million

Time Consuming

Low Priority

Out of Control

A Never-Ending Cycle

# System Updates & Releases

| <b>Time Period</b> | <b>System Changes</b> | <b>System Changes that Impacted Caseworkers</b> |
|--------------------|-----------------------|---|
| SFY2018            | 385                   | 316   |
| SFY2019            | 654                   | 533   |
| Percent Change     | 70%                   | 69%   |

# Accuracy of Eligibility

## Results of Re-Determination of Eligibility

| Strata               | Sample Size | Non-Compliant Customers | Ineligible Customers | Ineligible Rate | Overall Error Rate | Improper Payments | Potential Program Loss |
|----------------------|-------------|-------------------------|----------------------|-----------------|--------------------|-------------------|------------------------|
| ABD                  | 108         | 8                       | 2                    | 1.9%            | 9.2%               | \$3,556           | \$ 12,503,736          |
| CFC                  | 108         | 3                       | 7                    | 6.5%            | 9.2%               | \$8,987           | \$ 157,746,595         |
| Group VIII Expansion | 81          | 13                      | 5                    | 6.2%            | 22.2%              | \$24,685          | \$ 236,293,587         |
| Other                | 27          | 1                       | 2                    | 7.4%            | 11.1%              | \$1,907           | \$ 48,723,549          |
| <b>Totals</b>        | <b>324</b>  | <b>25</b>               | <b>16</b>            | <b>4.9%</b>     | <b>12.7%</b>       | <b>\$39,135</b>   | <b>\$455,267,467</b>   |

# Best Practices

Statewide program but county administered process

- Differences in organization and processes
- Customer's experience will vary based on county of residence

Due to issues with the Ohio Benefits system AOS was unable to draw any conclusions as to the efficiency or effectiveness of any particular model or practice at the county level

# RECOMMENDATIONS

## OHIO BENEFITS SYSTEM

- Implement corrective action plans
  - Progress Reports
- Follow through with external review
  - Include evaluation of corrective action steps

# RECOMMENDATIONS

## LACK OF RELIABLE AND CONSISTENT DATA

- Work with Ohio Department of Administrative Services on data governance
  - Accountable for the quality of data generated and shared

## ALERTS

- Design & implement procedures for monitoring alerts

# RECOMMENDATIONS

## TRAINING

- Enhance training
  - Focus on effective operations of a call center
  - Mandate initial & ongoing training
  - Improve organization of resources

## COUNTY MODEL

- Formal evaluation of best practices at the counties



# State Region

- Complete an annual audit of the State of Ohio's financial statements and major federal programs.
- Issue opinions on:
  - The fair presentation of the financial statements in accordance with *auditing standards generally accepted in the United States of America*.
  - Internal controls over financial reporting and compliance with laws, regulations, contracts, grant agreements, and other matters (state and federal) material to the financial statements in accordance with *Government Auditing Standards*.
  - Compliance with requirements applicable to each major federal program (including Medicaid) and on internal control over compliance, as required by the Single Audit Act and requirements outlined in the U.S. Office of Management and Budget *Compliance Supplement*.
- Test key manual and automated internal controls (including Ohio Benefits and MITS), and compliance with eligibility requirements from the Federal Compliance Supplement for the Medicaid program each year.

# 2019 & 2020 Eligibility Testing Results

- Identified several internal control weaknesses and compliance issues related to the following items which resulted in opinion qualifications for the financial statements and the federal program requirement:
  - Similar to MCA's findings:
    - Alerts
    - State Supervised/County Administered Approach
    - Training
    - Ohio Benefits:
      - Overwriting of Eligibility Information
      - Eligibility Process/Determination Issues
      - Interagency Agreements Deficiencies
      - No data governance structure
      - No evidence of monitoring procedures for Independent Verification and Validation reports prepared by a third-party evaluator
      - No documentation or tracking for reviews/evaluations/certifications performed or required for the system by outside or internal reviewers
  - \$137,301 in questioned costs for payments to ineligible recipients for various reasons.
  - Untimely initial and renewal eligibility determinations for various recipients.

# 2021 Eligibility Testing Results

- Identified some repeat internal control weaknesses and compliance issues related to the following items which resulted in an opinion qualification for the federal program requirement:
  - Alerts
  - State Supervised/County Administered Approach
  - Training
  - Ohio Benefits:
    - Interagency Agreements Deficiencies
    - No data governance structure
  - \$1,122,338 in questioned costs for payments made to/on behalf of ineligible recipients, including \$1,115,331 related to payments to deceased recipients and an undetermined amount related to duplicate payments made during the audit period based on the MCA report.
- Improvements Noted:
  - Ohio Benefits:
    - System enhancements on 12 alert types reduced backlog to 8.8 million at year-end.
    - Corrected overwriting of eligibility information.
    - Implemented monitoring procedures for Independent Verification and Validation reports prepared by a third-party evaluator.
    - Implemented tracking for reviews/evaluations/certifications performed or required for the system by outside or internal reviewers.
  - Increased online job aides and trainings made available for caseworkers, but training is not mandatory.

# 2022 and Beyond

- 2022 Audit – We will again audit the State of Ohio financial statements and Medicaid program, which will include following up on the status of these prior recommendations:
  - Redesign the alert process to be more effective/efficient, including a centralized evaluation of alert activity to vet/prioritize them.
  - Require mandatory training for all county caseworkers who are entering assistance group information into Ohio Benefits.
  - Regularly evaluate selected benefit payments to ensure they are accurate, made to eligible recipients, and are properly supported.
  - Collaborate with DAS to prioritize and implement program changes in Ohio Benefits which directly impact eligibility determinations.
  - Formalize interagency agreements to include roles and responsibilities of each agency to achieve program compliance.
  - Implement a data governance structure designed to ensure data quality and reliability for all users.
  - Evaluate current process for identifying duplicate recipient IDs and deceased individuals and make system enhancements to improve the process.
- Public Health Emergency (PHE)/Pandemic Impact – Certain requirements related to eligibility have been waived during the PHE. This includes the timeframe required to determine initial eligibility and for eligibility redeterminations. In addition, existing recipients cannot be removed from the program until the PHE ends, which is expected to be after FY 2022. This will likely result in a significant effort by ODM to evaluate and remove ineligible recipients in a timely manner, which increases the risk of errors.



**Ohio Auditor of State**  
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Columbus, Ohio 43215  
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# OHIO'S MEDICAID ELIGIBILITY DETERMINATION PROCESS

NOVEMBER 9, 2020



# OHIO AUDITOR OF STATE KEITH FABER



88 East Broad Street  
Columbus, Ohio 43215  
ContactUs@ohioauditor.gov  
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## Letter from the Auditor

**To the Governor's Office, General Assembly, Director and Staff of the Ohio Department of Medicaid, Ohio Taxpayers, and Interested Citizens:**

The Auditor of State's Office recently completed an audit of Ohio's Medicaid eligibility determination process. This audit was initiated in response to findings in prior State of Ohio Single Audits, audits conducted by federal agencies on this matter, and concerns with the backlog in Ohio's Medicaid determinations.

Despite efforts by the Ohio Department of Medicaid (ODM) and other state agencies, significant issues continue to impact the State's Medicaid eligibility determination process. These issues, compounded with the complexity of the program, the use of a county administered system, and the multiple avenues for information to be submitted, have resulted in confusing rules, system errors, human errors, and communication difficulties. The consequence is that it is difficult to see how Medicaid eligibility is being determined and to verify the accuracy of that determination.

Medicaid is Ohio's largest program, with annual spending of approximately \$27 billion in state fiscal year 2019, and the financial resources used by the Program must be aggressively managed. At the same time, the number of people covered by Medicaid is growing, increasing the demands on the program and the necessary financial commitment. Our auditors tested the eligibility determination of 324 recipients from 27 different counties and found that 4.9 percent of those that received benefits were in fact ineligible for the program. Based on the error rate occurring in this sample, the potential loss to the program for that year is over \$455 million.

This audit report contains recommendations, supported by detailed analysis, to enhance the Medicaid eligibility determination process. The report has been provided to ODM and its contents have been discussed with the appropriate staff and leadership within the Department. It is the Auditor's hope that ODM will use the results of the audit as a resource for improving operational efficiency as well as effectiveness. The analysis contained within are intended to provide management with information and recommendations to consider while making decisions about their operations.

This audit report can be accessed by visiting the Auditor of State's website at [ohioauditor.gov](http://ohioauditor.gov) and choosing the "Search" option.

Sincerely,

A handwritten signature in black ink that reads "Keith Faber".

Keith Faber  
Auditor of State  
Columbus, Ohio

November 9, 2020



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# OHIO'S MEDICAID ELIGIBILITY DETERMINATION PROCESS

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## REPORT SUMMARY

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The Medicaid program is jointly financed by the federal and state governments and administered by the states under a Centers for Medicare and Medicaid Services (CMS) approved plan. The Ohio Department of Medicaid (ODM) is responsible for overall compliance and administration of Ohio's Medicaid program. ODM, through a Memorandum of Understanding with the Ohio Department of Job & Family Services (ODJFS), utilizes the 88 county departments of job and family services (CDJFS or counties) in the eligibility determination process to work with applicants, receive/enter eligibility documentation into the eligibility system, and follow up on system alerts.

According to ODM, Ohio has invested over \$1.2 billion dollars in a new statewide eligibility system, known as Ohio Benefits (OB), that includes worker portals, electronic beneficiary accounts, interfaces to verification data sources, and automated rules' engines. Ohio began enrolling individuals in the OB system in 2014. However, after years of development and inclusion of other benefit programs, the system does not work properly—with inaccurate or missing data sometimes leading to incorrect determinations, overpayments and payments out of the wrong aid category. The State relied on the OB system to disburse approximately \$22.3 billion and \$19.3 billion in Medicaid funds in state fiscal year (SFY) 2018 and 2019, respectively.

The OB system allows Ohio residents to apply for Medicaid benefits online, by phone, or by contact with their local CDJFS. Counties accept applications, enter eligibility supporting documentation, verify or renew eligibility, and issue medical cards to customers determined eligible. Claims for individuals receiving medical services from eligible providers are then processed and paid by ODM or one of the state's Medicaid managed care organizations (MCOs).

We undertook an audit of Ohio's Medicaid eligibility determination process in response, in part, to findings in prior State of Ohio Single Audits<sup>1</sup> and audits performed by the U.S. Government Accountability Office (GAO), the U.S. Department of Health and Human Services – Office of Inspector General (HHS-OIG), and other state auditors' offices. In addition, Ohio's system came under scrutiny due to a significant increase in the number of applications not processed in a timely manner.

In a speech to the National Association of Medicaid Directors on November 12, 2019, the CMS Administrator highlighted that recent state audits and federal reviews identified deficiencies and lax eligibility practices that jeopardize the sustainability of the Medicaid program. Specifically she noted that states maintained insufficient documentation to substantiate eligibility determination, failed to conduct timely and appropriate annual redeterminations, and claimed customers under incorrect eligibility categories that provide a higher federal matching rate than was appropriate.

Our initial focus was to test the controls over the eligibility determination process at the CDJFS offices; however, the focus was expanded to include select functionality and programming aspects of the OB System. In response to a CMS request, ODM submitted a Corrective Action Plan (CAP) in January 2020 to address significant backlog in processing applications and renewals. CMS also released results of the FY2019 Payment Error Rate Measurement (PERM) report for Ohio which identified that the State was above the national average error rate in the area of Medicaid eligibility determination. In response, the Director of ODM characterized the OB system as "laborious and ineffective."

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<sup>1</sup> State of Ohio Single Audits for Year Ended June 30, 2018 and Year Ended June 30, 2019 are available on the AOS website at: <http://www.ohioauditor.gov/auditsearch/Search.aspx>.

This report draws on data collected during interviews with ODM and the Ohio Department of Administrative Services (ODAS) staff, on-site interviews with administrators and caseworkers from 27 CDJFS<sup>2</sup> offices, Medicaid eligibility documentation for a sample of customers in each of the selected 27 counties and secondary data sources.

## Recommendations

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### Ohio Benefits System

Despite efforts by ODM and other state agencies, significant issues continue to impact the State's Medicaid eligibility determination process. These issues, compounded with the complexity of the program, the use of a county administered system, and the multiple avenues for information to be submitted, have resulted in a morass of rules, versions, system errors, human errors, communication difficulties, etc. The culmination of this is that it is difficult to see how eligibility is determined and to verify its accuracy.

Updates to improve the functionality of the OB system are routinely made. Many of these updates result in changes to how county caseworkers process cases. In SFY2019, there were 654 changes to the OB system and these involved 533 changes in how caseworkers perform their work. Despite the many updates, the counties report significant issues continue.

We recommend that ODM implement the corrective action steps identified in its response to the 2019 State of Ohio Single Audit and release progress reports on system and process improvements and issues impacting Medicaid eligibility. These mechanisms could be a combination of a committee comprised of stakeholders meeting on a regular basis (i.e. quarterly) and frequent communication to the public via web-site, newsletters, or other means. Regular reporting on the process and system issues improves accountability for how public funds are spent and transparency on how the Medicaid program determines and processes eligibility. Information reported could include, but is not limited to, timeliness of processing application and renewals, backlog status, OB system changes, application procedures, feedback from counties and customers (i.e. surveys), rule changes, and state and federal audit results.

In addition, ODM has indicated that it will be contracting for an external review of the system. We recommend ODM ensure that this review include an evaluation of the effectiveness of corrective action steps. Monitoring and evaluating the OB systems' effectiveness and other processes and structures for determining Medicaid eligibility are critical to reduce the backlog of renewals and applications, to accurately determine Medicaid eligibility and to ensure a vulnerable populations' interaction with the Medicaid system is positive and efficient. Implementing recommendations to improve how Medicaid eligibility is processed through the OB system is essential to increase the confidence of the public and to ensure eligibility is determined according to standards and best practices.

### Medicaid Eligibility Determinations

We found 41 of the 324 (12.7 percent) of the Medicaid customers tested in this audit were non-compliant. Of these, 16 customers (4.9 percent) were determined to be ineligible to receive benefits during all or a portion of SFY2019. These errors resulted in improper payments of \$39,135. Applying the ineligible error rates found, the overall potential loss to the program is over \$455 million. For many of the sampled cases, the system lacked the necessary historical information to identify edited, overridden, or written over information. This contributed to difficulties in determining how the caseworker verified eligibility at the time of the determinations.

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<sup>2</sup> AOS sampled 24 offices involving 27 counties. Ohio Rev. Code § 329.40-329.46 allows for the formation of joint county departments of job and family services. South Central Job and Family Services District is a combination of Ross, Vinton and Hocking counties and Defiance/Paulding Consolidated Department of Job and Family Services is a combination of Defiance and Paulding counties.

We recommend that ODM evaluate the results for the 41 non-compliant customers and reimburse federal Medicaid dollars for the 16 ineligible customers identified in the sample. We also recommend that ODM address the system issues that contribute to the identified eligibility errors, develop accurate and timely reports that provide necessary data to monitor the work performed by the counties, and improve training for counties. (See recommendations on Data Governance Structure, Alerts in the OB System and Training Resources below). In addition, we recommend that ODM regularly evaluate selected benefit payments to verify the customer's eligibility, that the customer information entered into the OB System is accurate, and that information is being maintained to support the eligibility decision.

### **Data Governance Structure**

We experienced issues in obtaining reliable and consistent OB system data and reports. There were instances in which we had to request reports multiple times because the original report did not contain all the data requested. For some of our requests, we received a revised report we could use for analysis, but in other instances we were unable to use the reports provided, or the data was never provided. We did not receive reports in a timely fashion. For example, we requested several reports in November 2019, and although we received various reports in the interim months, we did not receive many of the reports until early March 2020.

In our use of the Electronic Document Management System (EDMS) to view documents used to support eligibility determinations, we found the system to be slow, documents were difficult to locate (multiple years of support in a single folder, inconsistency in what a single scan may include, applications and renewal forms in the same folder, etc.) and we found instances in which documents were scanned under the incorrect social security number and, therefore, were not in the correct folder.

To ensure consistency and reliability of data, we recommend that ODM work with ODAS to emphasize and evaluate a data governance structure. Data governance is the process of managing the usability, reliability, availability and security of an organization's data. Focusing on effective data governance improves data quality and reliability of data used for analytical decision making by identifying and fixing errors before sharing information with other agencies and using for auditing purposes.

### **Ohio Benefit System Alerts**

The OB system includes alerts that notify the counties of a potential change in a customer's circumstance that may impact Medicaid eligibility. This important control is not effective due to the number and duplication of the alerts being generated – in SFY 2019 there were approximately 11.8 million alerts. Counties described alerts as time consuming, a low priority, out of control and a never-ending cycle.

We recommend ODM continue to design and implement appropriate control procedures for monitoring Income Eligibility Verification System (IVES) and non-IVES alerts generated and processed in the OB system to help ensure the counties are completing them properly and timely. These monitoring procedures should be performed frequently, include appropriate follow up with the county if alerts are not being completed properly and timely, and be documented. Management should periodically review this documentation to ensure the control procedures are being performed as intended.

### **Training Resources**

Ohio is one of only 10 states that has a decentralized county or local administered program. County staff process Medicaid applications and renewals, conduct quality assurance activities, obtain documentation to support eligibility decisions, address complaints, provide information for appeals, and are the primary users of the state system used to determine eligibility for Medicaid and other public assistance programs. Ohio's use of a county administered system necessitates that a sound training program is available that meets the needs of all 85 county offices. In addition, the errors in eligibility determination identified in multiple audits and reviews and the increasing number of state hearings point to the need to further evaluate how training is being conducted and how ODM can better support the county staff in this important work.

We recommend that ODM enhance its methods to train county staff on the OB system by better organizing information on the Ohio Benefits project website. Methods that could enhance how information is presented on the site include organizing information using drop-down menus where the most recent information is easily identified and accessible and older information archived or deleted. In addition, the training should incorporate information for effective operations of a call center. We found that the county offices are adjusting from a service delivery model in which they met face to face with customers to operating a call center. The interaction now with customers is almost all via phone or through electronic forms of communication such as emails and faxes. Counties responded in interviews that OB training could be improved by ODM offering more hands-on training and additional training resources on how to process long-term care (LTC) applications.

### County Models

While the eligibility rules are consistent across the state and the OB system provides a statewide platform, there are differences in how counties are organized and the processes used to complete the enrollment process. These differences are due to various factors such as county size, the county's participation in a CSS region, and variations in county administration and management. As a result, a customer's experience with this statewide program will vary based on county of residence. Due to issues with the OB system highlighted in this report, we were unable to draw any conclusions as to the efficiency or effectiveness of any particular model or practice at the county level.

We recommend that after addressing system issues, alerts, training and data governance, ODM should conduct a formal program evaluation to identify best practices regarding the models used by the counties to administer Medicaid eligibility. In Ohio's 2020 CAP, ODM stated it collected best practices through visits to seven counties; however, ODM staff indicated this was an "informal process".

From interviews with counties, we found examples of different methods counties use to administer Medicaid eligibility, including casebank model, CSS call center, quality assurance to review accuracy, and different OB system and/or internally developed reports to monitor alerts, backlog, and timeliness of application and renewals. So although one practice may not be implemented the same in every county, an evaluation could give strategies for measuring the effectiveness of models and what model works best under certain circumstances.

This evaluation should address questions including:

- What are the best practices a CSS call center should use to provide customer service, accurately process Medicaid eligibility, reduce wait times and measure performance?
- Are there QA practices counties should consider to effectively reduce error rates for eligibility determinations and avoid escalation to hearing?
- What types of reports are available or are needed to effectively monitor alerts, backlog, and timeliness of processing application and renewals?
- Is the casebank model used by counties effective for processing Medicaid eligibility?

**Table 1: Terminology and Acronyms**

| <b>Abbreviation</b> | <b>Terminology</b>                            | <b>Definition</b>   |
|---------------------|---|---|
| ACA                 | Affordable Care Act                           | The comprehensive health reform law enacted in March 2010 that allowed states to expand the Medicaid program.   |
| County              | County Department of Job and Family Services  | County agency that coordinates a variety of assistance programs. Also referred to as county in this report.   |
| CMS                 | Centers for Medicare & Medicaid Services      | The federal agency that runs the Medicare, Medicaid and Children's Health Insurance Programs, and the federally facilitated Marketplace.  |
| CSS                 | County Shared Services                        | Call center system that offers flexibility to counties to decide how, and with which other counties, they wish to align processes and staffing resources.   |
| EDBC                | Eligibility Determination Benefit Calculator  | A series of rules that determine eligibility of a customer based on non-financial and financial factors and performs related calculations.  |
| EDMS                | Electronic Document Management System         | Ohio's central document repository for provider and/or customer related documents.  |
| FPL                 | Federal Poverty Level                         | A measure of income issued annually by the Department of Health and Human Services and is used to determine eligibility for certain programs and benefits.  |
| IEVS                | Income Eligibility Verification System        | Contains income and benefit information from the ODJFS and the social security administration.  |
| MBIWD               | Medicaid Buy-In for Workers with Disabilities | Provides coverage to working customers with disabilities to allow them to work, and still keep their Medicaid coverage.   |
| MCO                 | Managed Care Organization                     | Organizations authorized to provide, or arrange for the provision of, health care services to Medicaid customers who are required or permitted to participate in the care management system   |
| MITIS               | Medicaid Information Technology System        | Browser-based administration platform used to process Medicaid payments.  |
| OB System           | Ohio Benefits System                          | An information technology system implemented in 2013 in order to comply with the ACA and intended as a simplified, online application process for various benefits, including Medicaid.   |
| ODAS                | Ohio Department of Administrative Services    | State agency responsible for procuring goods and services, deliver information technology and mail, recruit and train personnel, promote equal access to the state workforce, lease and manage office space, process payroll, print publications and perform a variety of other services. |
| ODJFS               | Ohio Department of Job and Family Services    | State agency responsible for supervising the state's public assistance, workforce development, unemployment compensation, child and adult protective services, adoption, child care, and child support programs.  |
| ODM                 | Ohio Department of Medicaid                   | State agency responsible for administering the Medicaid program.  |
| PE                  | Presumptive Eligibility                       | Conditions under which a customer may receive time-limited medical assistance as a result of an initial, simplified determination of eligibility based on self-declared statements.   |



## Ohio's Medicaid Eligibility Determination Process

| <b>Abbreviation</b> | <b>Terminology</b>                        | <b>Definition</b>   |
|---------------------|---|---|
| QE                  | Qualified Entity                          | A business or organization that is capable of conducting and authorizing PE determinations to identified groups.  |
| SNAP                | Supplemental Nutrition Assistance Program | Federal nutrition assistance program that provides benefits to eligible low-income customers and families to purchase eligible food in authorized retail food stores.   |
| SSA                 | Social Security Administration            | Federal agency responsible for administering SSI program, social security, social security disability insurance (SSDI) program, retirement and survivors' benefits.   |
| SSI                 | Supplemental Security Income              | A monthly benefit paid by Social Security to people with limited income and resources who are disabled, blind or age 65 or older. SSI benefits are not the same as Social Security retirement or disability benefits.         |
| TANF                | Temporary Assistance for Needy Families   | A federal program that provides grant funds to states and territories to provide families with financial assistance and related support services which may include childcare assistance, job preparation and work assistance. |

## Purpose, Scope and Methodology

### Purpose

The purpose of this audit included:

- To evaluate whether CDJFS are performing Medicaid eligibility administrative tasks in compliance with federal and state requirements;
- To determine whether ODM issued payments on behalf of ineligible customers;
- To identify barriers in the enrollment process; and
- To identify areas of risk for inaccurate eligibility determinations.

Medicaid is Ohio's largest program with annual spending of approximately \$27 billion in SFY 2019, so processes and systems that are ineffective or inefficient have the potential to significantly impact the State. ODM is responsible for determining applicants' eligibility for Medicaid, including verifying eligibility at application and at the time of renewal (redetermination), and disenrolling individuals who are no longer eligible. Sound processes for determining eligibility are essential for this program.

In 2020, the GAO issued the "*Medicaid Eligibility Accuracy of Determination and Efforts to Recoup Federal Funds Due to Errors*" report in which it reviewed 47 state and federal audits across 21 states and identified multiple issues affecting the accuracy of states' Medicaid eligibility determinations as shown in **Table 2**.

**Table 2: Summary of GAO Findings on Medicaid Eligibility Accuracy**

| Accuracy Issue Category   | Number of Audits | Number of States |
|---|------------------|------------------|
| Incorrect or incomplete income or asset information                                   | 24               | 13               |
| Eligibility redeterminations not made in a timely manner                              | 20               | 10               |
| Ineligible customer not dis-enrolled in a timely manner                               | 14               | 9                |
| Unresolved income discrepancies   | 10               | 7                |
| Customers enrolled in incorrect basis of eligibility (enrolled in wrong aid category) | 11               | 6                |
| Unidentified or unaddressed changes in circumstances                                  | 11               | 5                |
| Use of incomplete or incorrect information on household composition                   | 5                | 4                |
| Eligible customers who were not enrolled  | 4                | 3                |
| Other   | 23               | 14               |

**Source:** GAO review of 47 states and federal audits conducted between 2014 and 2018, GAO-20-157

**Note:** Some states had multiple audits that found similar issues. As such, the number of audits that identified each type of accuracy issue may be greater than the number of states in which an issue was identified.

In addition, according to the 2019 GAO report "*Medicaid Eligibility Accurate Beneficiary Enrollment Requires Improvements in Oversight, Data, and Collaboration*", an accurate determination of eligibility is essential in ensuring only customers that meet requirements are enrolled and that they are enrolled in the correct eligibility group so that states' expenditures are properly matched with federal funds for Medicaid customers.

Reviews conducted by this office and HHS-OIG regarding Medicaid eligibility determinations in Ohio has identified errors. The previous five State of Ohio Single Audits (SFY2015 through SFY2019) and two recent reports released by the HHS-OIG<sup>3</sup> found instances in which Ohio's eligibility determinations were not

<sup>3</sup> *Ohio Medicaid Managed Care Organizations Received Capitation Payments After Beneficiaries Death* (October 2018) and *Ohio Made Capitation Payments that Were Duplicative or Were Improper Based on Eligibility Status of Demographics* (September 2019)

## Ohio's Medicaid Eligibility Determination Process

accurate, redeterminations were not completed timely, income or resources exceeded eligibility limits, information was entered into the OB system incorrectly, duplicative payments were made, eligibility status and demographics of age and gender were incorrect and payments were made on behalf of deceased beneficiaries.

In 2018, Ohio faced a significant increase in the backlog of applications not processed in a timely manner. This backlog has been the subject of news articles and acknowledged by ODM in its 2020 CAP.

Federal timeliness standards to determine eligibility are 90 days for customers with a disability and 45 days for all other customers. Ohio Admin. Code § 5160:1-2-01(K) states that timely determinations of eligibility must be made within:

- 10 days of receiving a report of a change that could affect a customer's on-going eligibility;
- 45 days from the date of application or scheduled renewal;
- 90 days for Aged, Blind or Disabled (ABD) applications; or
- 45 days of receipt of new or changed information from the income eligibility and verification system.

It should be noted that other states have experienced challenges with determining Medicaid eligibility. Findings in reports for other states included determining eligibility inaccurately based on standards, lack of documentation to support eligibility, not performing necessary verifications of eligibility, incorrect eligibility determinations for residents who did not meet the residency requirements, and timeliness of redeterminations.

### Scope and Methodology

We selected 27 counties (see **Table 3**) for renewing eligibility in the OB system. We based the selection of counties on factors that included a low percentage of denials, a high percent of county population on Medicaid or weaknesses identified for the Medicaid program in the county's recent financial audit.

To select the sample for the redetermination, we obtained a unique list of Medicaid customers for each of the 27 counties. We identified customers in which there was a net payment or capitation amount greater than zero for SFY2019. As the scope of this audit was enrollment and included all applications regardless of outcome of the application, the term customer is used throughout this report to refer to anyone applying for or receiving Medicaid benefits.

We individually stratified each county using four strata based on these categories of Medicaid population: ABD, Group VIII Expansion, Covered Families and Children (CFC) and Other (i.e. pregnant mothers, deemed newborns). We then identified a stratified random sample from each county. Four customers were selected from the ABD and CFC strata; three customers from the Group VIII Expansion and one customer from the Other strata.

This resulted in a selection of 12 customers from each county and the final sample size was 324 customers. Because a customer could have changed aid categories during the period, customers were duplicated in the entire population but were not duplicated within a strata. We reviewed each customer's case in the OB system and the supporting documentation from EDMS.

We conducted on-site visits to all of the counties and spoke with administrators, supervisors and caseworkers to gain an understanding and demonstration of processes and to identify areas for improvement. We also met with ODM personnel to gain an understanding of processes and issues centered on Medicaid eligibility. In addition, we conducted telephone interviews with representatives from long-term care facilities and sent a questionnaire to the Ohio Medicaid MCOs<sup>4</sup> to gain stakeholder feedback on the

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<sup>4</sup> Buckeye Community Health Plan, CareSource, Molina Healthcare, Paramount Advantage and United Healthcare Community Plan

## Ohio's Medicaid Eligibility Determination Process

eligibility determination process. We also obtained data on the Medicaid enrollment process from ODAS and ODM.

**Table 3** shows the 27 counties selected and their Medicaid enrollment as a percentage of the county's population for SFY2019. See also **Appendix 6** for additional data on the 27 counties.

**Table 3: Selected Counties**

| <b>County</b>   | <b>Medicaid Enrollment<br/>as Percent of County<br/>Population</b> | <b>County</b> | <b>Medicaid Enrollment<br/>as Percent of County<br/>Population</b> |
|---|--|---------------|--|
| Butler  | 22.0%  | Paulding      | 15.7%  |
| Cuyahoga  | 29.9%  | Pike          | 37.9%  |
| Defiance  | 21.9%  | Preble        | 21.1%  |
| Franklin  | 25.1%  | Ross          | 34.8%  |
| Hamilton  | 24.6%  | Sandusky      | 20.9%  |
| Henry   | 15.1%  | Seneca        | 20.6%  |
| Highland  | 30.3%  | Stark         | 23.3%  |
| Hocking   | 23.3%  | Summit        | 24.0%  |
| Lorain  | 20.6%  | Trumbull      | 27.8%  |
| Lucas   | 30.4%  | Tuscarawas    | 20.7%  |
| Mahoning  | 31.9%  | Vinton        | 25.3%  |
| Monroe  | 24.7%  | Williams      | 20.1%  |
| Montgomery  | 26.9%  | Wyandot       | 16.4%  |
| Noble   | 18.9%  |               |  |
| <b>Average Enrollment as Percent of Population for Selected Counties: 26.0%</b> |  |               |  |

**Source:** ODM for enrollment data and Ohio Development Services Agency for population

## Background

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The Social Security Amendments of 1965 created the Medicaid program by adding Title XIX to the Social Security Act. Under the program, the federal government provides matching funds to states to enable them to provide medical assistance to residents whose incomes and resources are insufficient to meet the costs of necessary medical services. Eligibility for the Medicaid program is based on factors such as income, household size, citizenship, resources, and health status. Medicaid serves as the nation's primary source of health coverage for low-income populations.

### Federal Rules Regarding Medicaid Eligibility

The Code of Federal Regulations (CFR) Title 42, Part 435 contains the federal requirements for Medicaid eligibility. Applicants to the program have to meet general eligibility requirements including state residency, U.S. citizenship and obtaining a valid social security number. Non-citizens may qualify for certain types of assistance. Certain groups of individuals are mandated to be covered including children, aged, blind, or disabled, and pregnant women, provided they meet general requirements and applicable financial requirements.

In 2014, the Affordable Care Act (ACA) expanded Medicaid coverage to give states the option to include more low income individuals, including non-disabled adults without dependent children. The ACA made changes to eligibility requirements, including calculating income based on modified adjusted gross income (MAGI). The ACA required states to develop a health insurance exchange (marketplace) to consolidate the interface for determining eligibility for Medicaid and other health insurance programs<sup>5</sup>.

The ACA includes provisions requiring that multiple sources be made available to apply for coverage, and utilization of the Federal Data Services Hub (federal hub) and other electronic verification sources during the application and renewal processes. The federal hub is a CMS provided service to verify customer information used to determine eligibility for Medicaid as well as for enrollment in qualified health plans and insurance affordability programs. The federal hub pings the Internal Revenue Service (IRS), Department of Homeland Security (DHS), and Social Security Administration (SSA). The federal hub is used for verification for the following eligibility factors:

- Income (all MAGI countable income types) (IRS),
- Social Security Number (SSA);
- Citizenship (DHS, SSA);
- Immigration Status (DHS);
- Incarceration (SSA); and
- Birth Date (SSA).

### Ohio's Medicaid Program

Under federal Medicaid laws, each participating state administers its own Medicaid program, establishes eligibility standards, determines the scope and types of services it will cover, and sets the rate of payment. Benefits and eligibility requirements vary from state to state. CMS monitors the state-run programs and establishes requirements for service delivery, quality, funding, and eligibility standards pursuant to each state's Medicaid plan.

ODM shares certain functions of the Medicaid program with the CDJFS. Counties accept applications, enter data into the OB system, and issue Medical cards to customers determined eligible. Individual Medicaid customers receive care from service providers (doctors, hospitals, pharmacies, nursing homes, etc.) who

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<sup>5</sup> Examples of other health insurance programs include Children's Health Insurance Program or private medical insurance plans.

## Ohio's Medicaid Eligibility Determination Process

also must meet certain criteria to be eligible to participate in the Medicaid program. The Medicaid Information Technology System (MITS) is the State's automated claim processing system and it uses uploads of information from the OB system to verify Medicaid eligibility.

Ohio's Medicaid program covers low-income (defined as below federal poverty guidelines) customers, adults over 65, blind and disabled customers, pregnant women, infants, children, and other groups. The criteria for each group is found in Ohio Admin. Code § 5160:1 and is summarized in **Table 4**. Income and resource limits in effect on January 2019 are included in **Appendix 1**. ODM is the single state agency responsible for administration of the Medicaid program. The Medicaid program provided health care coverage to approximately 2.9 million Ohio residents in SFY2019 with over 130,000 active providers serving these citizens.

**Table 4: Ohio's Medicaid Covered Groups**

| Group                                 | Description  |
|---------------------------------------|--|
| Aged, Blind & Disabled (ABD)          | A customer who is age 65 or older or is blind or disabled as determined by either the Social Security Administration or ODM. Income and resource eligibility requirements apply. Category includes Medicare premium assistance programs.   |
| Modified Adjusted Gross Income (MAGI) | Based on the modified adjusted gross income, household composition and family size. Categories children (includes 19 and 20), former foster care, adult expansion (group VIII), pregnant women, parent or caretaker relative, and deemed newborns.   |
| Other Covered Groups                  | Categories include the residential state supplement program, breast and cervical cancer project, Medicaid buy-in for workers with disabilities, refugee medical assistance, alien emergency medical assistance, specialized recovery services and non-citizen victims of trafficking. Each category includes specific requirements.  |
| Long-Term Care                        | A customer must be eligible for medical assistance in accordance with the ABD group, the MAGI group or another covered group, meet the non-financial eligibility requirements required for the type of long-term care services requested and not be subject to a restricted Medicaid coverage period. Income and resource eligibility requirements apply. Long-term care is care provided to customers residing in a nursing facility, intermediate care facility for individuals with intellectual disabilities or medical institution based on a determined level of care. |

**Source:** ODM – Ohio Benefits Worker Portal and Ohio Medicaid Basics presentation

## Expenditures

**Table 5** shows Medicaid General Revenue Fund (GRF) and non-GRF expenditures by federal and State portion for SFY2015 through SFY2019. Medicaid's expenses represented 34 percent of the State's SFY2019 budget. Ohio paid over \$19 billion (\$19,310,986,073) in benefits in SFY2019 – 72 percent of the Medicaid budget.

**Table 5: Ohio Medicaid Expenditures SFY2015 through SFY2019 (In Billions)**

| Funds                        | SFY 2015          | SFY 2016          | SFY 2017          | SFY 2018          | SFY 2019          |
|------------------------------|-------------------|-------------------|-------------------|-------------------|-------------------|
| GRF State                    | \$5,509.6         | \$5,328.4         | \$5,644.2         | \$5,003.4         | \$5,208.6         |
| GRF - Federal                | \$9,353.6         | \$11,667.5        | \$11,793.2        | \$9,479.1         | \$9,844.3         |
| <b>GRF - Total</b>           | <b>\$14,863.2</b> | <b>\$16,995.9</b> | <b>\$17,437.4</b> | <b>\$14,482.5</b> | <b>\$15,052.9</b> |
| Non-GRF -State               | \$1,873.8         | \$2,397.4         | \$2,284.1         | \$3,357.1         | \$3,284.3         |
| Non-GRF Federal              | \$6,730.1         | \$5,900.6         | \$5,828.7         | \$8,503.0         | \$8,246.9         |
| <b>Grand Total</b>           | <b>\$23,467.1</b> | <b>\$25,293.9</b> | <b>\$25,550.2</b> | <b>\$26,342.6</b> | <b>\$26,764.1</b> |
| <b>Annual Percent Change</b> | ---               | 7.8%              | 1.0%              | 3.1%              | 1.6%              |

**Source:** Greenbook Legislative Budget Office Analysis of Enacted Budget Ohio Department of Medicaid

**Note:** The expenditures above show the Medicaid expenditures for ODM, Ohio Department of Developmental Disabilities (ODODD), ODJFS, Ohio Department of Health, Ohio Department of Mental Health and Addiction Services, Ohio Department of Aging, Pharmacy Board, and Ohio Department of

## Ohio's Medicaid Eligibility Determination Process

Education. ODM and ODODD account for the majority of expenditures, with ODM representing 88.5 percent and ODODD 10.3 percent in SFY2019, for a total of 99 percent.

### Role of State and County Agencies

ODM determines eligibility policy and criteria, service coverage and payment policy for Ohio's Medicaid program. State regulations for Medicaid eligibility can be found in Ohio Admin. Code Chapter 5160:1. ODM employs County Technical Assistance and Compliance staff responsible for determining eligibility for the Breast and Cervical Cancer Program, incarcerated individuals and those awaiting adjudication in the Ohio Department of Rehabilitation and Corrections or Ohio Department of Youth Services. ODM also has a central processing team responsible for various management and operational activities.

Ohio Rev. Code § 5160.30(B) allows the department to enter into an agreement with one or more agencies to accept applications, determine and renew eligibility and perform related administrative activities. ODM, through a Memorandum of Understanding with ODJFS, utilizes the 88 counties in the eligibility determination process to work with applicants, receive/enter eligibility documentation into the OB system, and follow up on alerts issued by the system.

County caseworkers process applications to determine initial eligibility and perform eligibility renewals for continuing Medicaid coverage. The counties also update cases when a customer reports a change in their circumstances and when prompted through a system alert. County offices also process enrollment for other public assistance programs including Temporary Assistance for Needy Families (TANF) and the Supplemental Nutrition Assistance Program (SNAP). Customers can apply for one or multiple programs at the same time. The counties submit costs incurred to perform these functions and the State reimburses for the approved costs.

**Table 6** shows the breakdown of the \$161.6 million paid to county offices for activities related to administering Medicaid eligibility determination.

**Table 6: Medicaid Administrative Expenses for Counties in SFY2019 (Actual)**

| Fund Description                   | Expenditure          |
|------------------------------------|----------------------|
| Special Income Maintenance Project | \$ 3,679,611         |
| Medicaid                           | \$ 14,927,594        |
| Medicaid Healthcchek Pass Thru     | \$ 296,277           |
| Medicaid Incentives                | \$ 89,037            |
| Medicaid Enhanced Federal          | \$103,633,298        |
| Medicaid Enhanced Match            | \$ 7,421,861         |
| Medicaid Income Maintenance        | \$ 28,593,611        |
| Out Stationed Eligibility          | \$ 556,352           |
| Medicaid Child Welfare Related     | \$ 2,393,765         |
| <b>Total</b>                       | <b>\$161,591,406</b> |

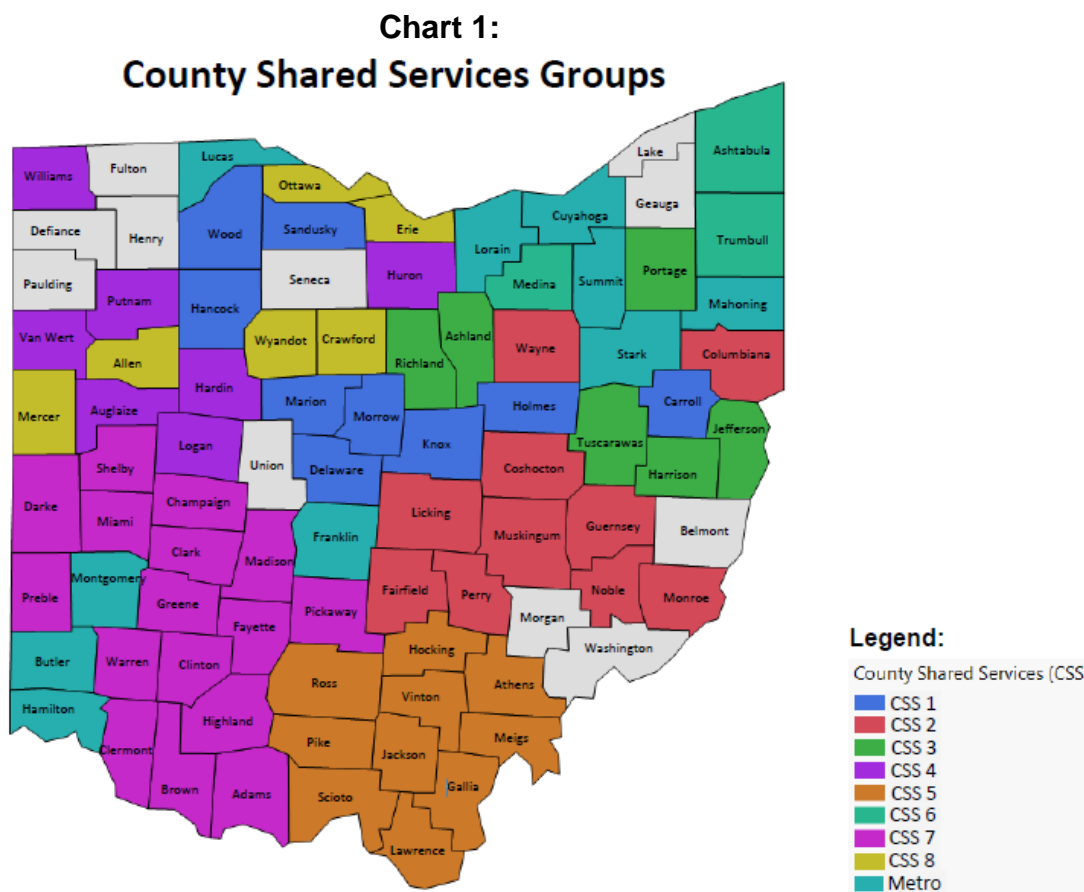
**Source:** Ohio Administrative Knowledge System (OAKS) BI - VAP-0003 Report

### Electronic Document Management System and County Shared Services

Ohio uses the Electronic Document Management System (EDMS) as a central repository for customer related documentation required to support Medicaid eligibility. EDMS allows county caseworkers and ODM to view customer eligibility supporting documentation online and contains a workflow component which allows caseworkers to track and manage their work. This system allows customer service across and between counties and ODM through a shared database. Each CDJFS office determines the components and functionality of the EDMS it uses. For example, one CDJFS office may use the workflow component while another CDJFS may use a separate system for that function.

## Ohio's Medicaid Eligibility Determination Process

In 2014, Ohio launched County Shared Services (CSS), an initiative to expedite and standardize eligibility and enrollment processes across county lines for Medicaid and other programs. Participation in CSS is optional and counties have the flexibility of how and in what capacity to use the service. Customers call in to a single phone number, are prompted to enter their zip code and then are connected to a caseworker in the applicable group to apply for or renew Medicaid. The map in **Chart 1** shows the 77 counties using CSS: 67 counties operating in eight groups and the 10 stand-alone metro counties. As of April 2019, the remaining 11 counties were not a member of a CSS group.



Twenty-three of the 27 counties interviewed participate in CSS. Some counties use CSS for the Medicaid program only and others use CSS for Medicaid, SNAP and TANF. Each group determines its staffing levels and wait time goals so even with shared services in place, the application or renewal process could differ depending on the county of residence. One county interviewed responded that wait time for customers was approximately six minutes while another similarly-sized county indicated wait time could be hours during peak times. The State's implementation of CSS supports processing eligibility determinations over the phone, thereby limiting the necessity for face-to-face interaction with customers.

Most counties indicated that their shared services group functions effectively; however, there were county respondents who reported difficulties such as inconsistencies with journal entries, caseworkers not working alerts, and general staff morale issues related to inequity in staffing levels and pay differences.



### **Qualified Entity**

In addition to the county role in determining eligibility, Ohio allows a qualified entity (QE) to make eligibility determinations for the presumptive eligibility (PE) program which:

- reduces the time for emergency eligibility determinations;
- allows prospective Medicaid beneficiaries to receive immediate, time-limited access to medical services;
- provides a gateway into full Medicaid for Ohioans who may not have known they were eligible for full Medicaid benefits;
- gives pregnant, uninsured women access to prenatal care; and
- meets the needs of uninsured Ohioans at the point of care and assists them through the Medicaid application process.

Employees of QEs are able to run a simplified eligibility review for Ohioans which will grant immediate medical assistance to residents at the time that they require medical coverage. A customer may receive this time-limited assistance under PE as a result of a simplified determination based on self-declared statements. PE ends on the earlier of the date the customer is determined eligible or ineligible; or the last date of the month following the PE declaration if the customer does not file an application. PE determinations are limited to one coverage period in a 12 month time frame, except that pregnant women may have a coverage for each pregnancy.

According to Ohio Admin. Code § 5160:1-1-01, QEs include the following:

- a county;
- a hospital;
- the department of youth services;
- a federally qualified health center or a federally qualified health center look-alike;
- a local health department, a women, infants, and children clinic; and
- other designated entities.

As of December, 2019, there were 348 QEs in 72 counties approved by ODM. There were over 39,000 individuals at these 348 entities given responsibility to determine PE. The majority of approved entities are hospitals and community health centers.

QEs are responsible for meeting the following performance standards: at least 85 percent of all people enrolled presumptively by QEs must have applied for full Medicaid benefits within 90 days and at least 85 percent of all who applied for full benefits must be awarded Medicaid eligibility. Effective November 9, 2019 Ohio Admin. Code § 5160-1-17.12 provides for monitoring of QEs. Prior to this rule, there was no formal monitoring of these entities. Under the new rule, ODM may terminate a QEs authority for failure to meet the performance requirements. ODM stated that it has contracted with a vendor to report on the performance of Ohio QEs.

### **Ohio Medicaid Consumer Hotline**

ODM contracts with a vendor to provide an Ohio Medicaid Consumer Hotline. The vendor's responsibilities include the following:

- providing managed care enrollment broker services and choice counseling to customers who need assistance with understanding Ohio's managed care programs and enrolling in a managed care plan;
- operating the managed care provider network system;
- operating a toll-free call center to provide customer service to Ohio residents and assisting with their questions about the Medicaid program;
- assisting with Medicaid applications and the annual renewal process;

## Ohio's Medicaid Eligibility Determination Process

- providing print services and mail fulfillment for all of ODM's managed care letters; and
- providing premium collection services for the Medicaid Buy-In for Worker's with Disabilities (MBIWD) program.

According to ODM, the vendor hotline contract was changed in SFY2019 to account for increased monthly call volume, increased service level agreement performance metrics, the addition of mailing managed care enrollment letters, and the addition of qualified income trust duties. ODM staff reported that they monitor the contract through monthly activity reports that detail its call center and enrollment activities as well as its performance on the service level agreements and weekly reports on the managed care provider network. ODM has standing biweekly meetings with vendor information technology staff in addition to biweekly meetings with the project director to review progress on work assignments, upcoming projects and any changes to the Medicaid program.

Counties indicated in interviews that, until recently, they did not receive notification when a customer called the hotline to initiate an application. As a result, the steps required by the applicable county to timely process the application were not performed. Yet, Ohioans using the hotline to initiate Medicaid applications were left with the impression their applications would be processed. After this audit was initiated and a number of the county interviews were conducted, county respondents reported that the vendor began sending them notices of customer contact and applications.

## Ohio's Structure for Medicaid Enrollment

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### A. The Ohio Benefits System

#### **Key Points**

Ohio implemented the OB system to process enrollment in public assistance programs. Medicaid was the first program to use the OB system. The system provides flexibility in how customers can apply for benefits and facilitates the use of electronic data sources to verify information thereby reducing the burden on customers to provide documents. However, both ODM and the counties acknowledged that the OB system has significant shortcomings that create barriers to customer's obtaining benefits, to the county's ability to serve its customers and to the State's ability to have accurate and timely data to monitor this major program. While efforts have been made to address issues, a level of frustration and concern was expressed by many of the counties.

The OB system, initiated in 2013, is a centralized web-based database used to determine Medicaid eligibility. It was developed to meet requirements of the ACA, mandating states access and use electronic verification sources whenever available to determine eligibility before requiring paper documentation. The system replaced the Client Registry Information System Enhanced (CRIS-E). Starting in August 2016, all Medicaid and Children's Health Insurance eligibility determinations were made in the OB system and since July 2018, new applications for other assistance programs (SNAP and TANF) are also processed in the OB system.

ODAS is the administrator of the OB system and has a contract with a third party vendor to develop, test and implement the system. Primary users of the system for Medicaid are ODM and county caseworkers. Programmed edit routines help ensure the required application data is complete and accurate for manually-entered data as well as applications submitted electronically. The OB system performs an automated check of active and inactive customers to a master index to determine new or existing customers.

Currently, the counties process the bulk of the applications for Medicaid benefits. The caseworkers enter the customer's information into the OB system to determine initial eligibility and/or perform eligibility redeterminations on an annual basis or when prompted through an IEVS alert. The OB system is programmed with Ohio's eligibility requirements. Once the determination is made, the OB system uploads the eligibility information to MITS.

**Chart 2** shows two of the screens in the OB system used to document income and resources which are the main components to eligibility determination (note: these screens were developed by ODM for training purposes and do not reflect any actual customer). Each of these areas have additional screens that provide more details (e.g. earned income and unearned income). The list on the left side of the screen shows the various financial categories including expenses, other health insurance, Medicare, etc. Numerous other screens include information such as citizenship, marital status, gender, household status, residency, medical condition and historical information on prior periods of eligibility.

The OB system supports case management activities. Emails can be sent to customers from the system; however it does not allow internal emails to supervisors or team members. It also has a journaling function so the caseworker can document work performed on a case which allows other users to see that information. In addition, certain automatic system processes produce a journal entry.

As seen in the screen shots, there is a "Reports" function in the OB system. Examples of the reports available in the system are in **Appendix 4**.

Chart 2: Two Screens from the Ohio Benefits System

**Ohio** Integrated Eligibility System Case Name: Halloween Candy Case Number: 5120831 Journal Task/Alert Management Logout Help

Case Info Eligibility **Empl. Services** Resource Databank Fiscal Special Units Reports Document Control Admin Tools TRAINING USERAI

Workload Inventory Case Summary **Customer Information** Reporting Distributed Documents Customer Schedule Courtesy Month

Case Number  
Request ID  
Go

Person Search

Non Financial  
Financial  
Root Questions  
Income  
**Resources**  
Special Needs  
Expenses  
Tax  
Medicare  
Torts  
Other Health Ins.  
IEVS Applicant

### Resource List

\* - Indicates required fields

Root Questions

Search Results Summary Results 1 - 3 of 3

Display From: To: View

| Owner                                     | Type                         | Account/Policy Number | Value    | Begin Date | End Date   | Action            |
|---|------------------------------|-----------------------|----------|------------|------------|-------------------|
| <input type="checkbox"/> Candy, Halloween | Checking Account             | 12345678              | 65.00    | 01/01/2018 |            | Edit View History |
| <input type="checkbox"/> Candy, Halloween | Automobile                   |                       | 2,000.00 | 07/01/2014 |            | Edit View History |
| <input type="checkbox"/> Candy, Halloween | Savings/Credit Union Account | 987654321             | 600.00   | 02/01/2017 | 06/01/2018 | Edit View History |

Remove Resource Category: \* Add

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Case Info Eligibility **Empl. Services** Resource Databank Fiscal Special Units Reports Document Control Admin Tools TRAINING USERAI

Workload Inventory Case Summary **Customer Information** Reporting Distributed Documents Customer Schedule Courtesy Month

Case Number  
Request ID  
Go

Person Search

Non Financial  
Financial  
Root Questions  
Income  
**Resources**  
Special Needs  
Expenses  
Tax  
Medicare  
Torts  
Other Health Ins.  
IEVS Applicant

### Income List

\* - Indicates required fields

Root Questions

Search Results Summary Results 1 - 2 of 2

Display From: To: View

| Name                                      | Category        | Type                       | Source | Begin Date | End Date | Action            |
|---|-----------------|----------------------------|--------|------------|----------|-------------------|
| <input type="checkbox"/> Candy, Halloween | Earnings        | Salary, Wages              | BP     | 10/01/2018 |          | Edit View History |
| <input type="checkbox"/> Candy, Halloween | Social Security | Social Security Disability |        | 01/01/2018 |          | Edit View History |

Remove Income Category: \* Child/Spousal Support Disability Earnings Educational, Student Add

Source: OB System

## B. Medicaid Application Process

**Key Points**

Ohio's system provides different avenues for customers to apply for Medicaid benefits and the State has seen a significant increase in the number of applications for this program. Some applications can be approved using electronic resources, referred to as no touch applications. These no touch applications shorten the process for the customer and lessen the workload for the counties. However, there are issues negatively impacting the no touch process and, in SFY 2019, only two percent of applications were processed as no touch. This leaves the majority of applications to be processed at the county level.

## Ohio's Medicaid Eligibility Determination Process

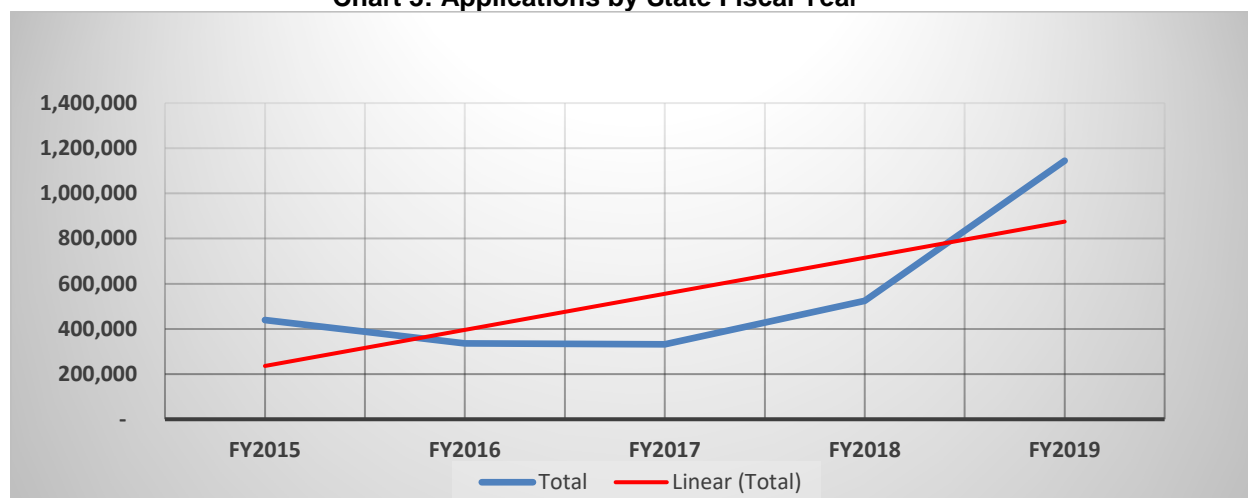
Federal regulations (42 CFR 435.940-435.965 and 457.380) require states to submit verification plans to CMS describing electronic sources and documentation requirements used for verification of eligibility factors, such as income and non-financial factors (i.e. citizenship). States list which factors are self-attested, and the reasonable compatibility standards applied when self-attested information is inconsistent with electronic data matches.

In Ohio, customers self-attest to residency, date of birth, household composition, pregnancy and caretaker relative status. These attestations are accepted unless conflicting information is received in which case paper documentation is then required. Elements that require verification include earned and unearned income, citizenship, immigration status, Medicare and former foster care status. In Ohio, self-attested income is first verified through pinging the federal hub and is deemed to be reasonably compatible if within five percent of the IRS value. If electronically verified then the customer does not need to submit any additional documentation.

Ohio offers various methods to apply for Medicaid including submission of a paper application (delivered via in person, mail or fax), an electronic application, a phone application and through a QE. In addition, when a customer applies for social security or health care coverage on the federal market place an application is created and “dropped” to the applicable county. The counties interviewed indicated applications from SSA and the federal market place tend to drop weeks, months or even years late. Other issues with these applications include incomplete information, existing information indicating the customer is over the income limit and customers being unaware that a Medicaid application was submitted on their behalf.

**Chart 3** shows total applications for SFY2015 through SFY2019. Total applications increased 160 percent (from 439,976 to 1,144,742) during this period.

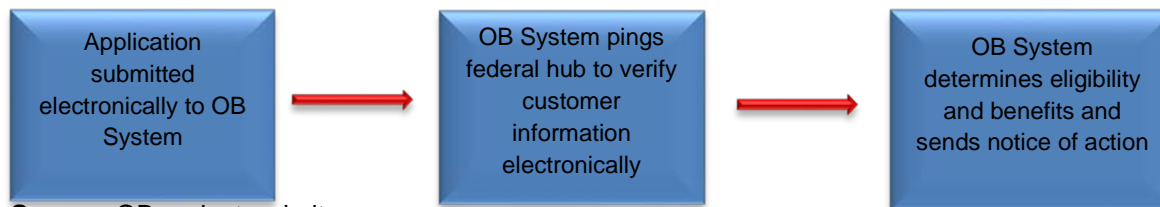
**Chart 3: Applications by State Fiscal Year**



**Source:** ODAS

The OB system includes an automated no touch process for certain aid categories in which the system automatically attempts to electronically verify required elements. As part of this process the system performs verifications in two types of instances: when an application is submitted in the OB self-service portal or another interface, or when an application is created via the Ohio Benefits Worker Portal. The no touch process verifies information such as name, living arrangement, date of birth, income, social security number, citizenship and immigration status if applicable. As part of the no touch process, the system pings the federal hub. **Chart 4** shows the “no touch” process.

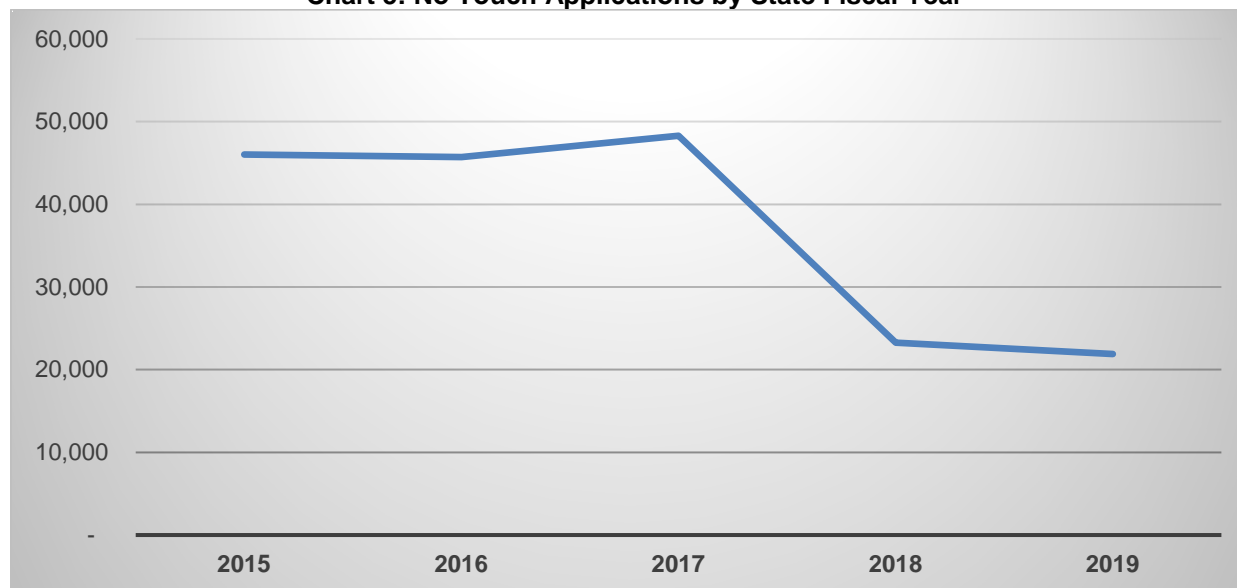
**Chart 4: No Touch Process**



**Source:** OB project website

In SFY2019, 21,993 applications successfully passed through the no touch process, a decrease of 52 percent from the SFY2015 number of 46,032 (see **Chart 5**). Counties responded in interviews that the no touch process is not always effective in verifying information, for instance the tax data is from the prior year and may not accurately present current income.

**Chart 5: No Touch Applications by State Fiscal Year**

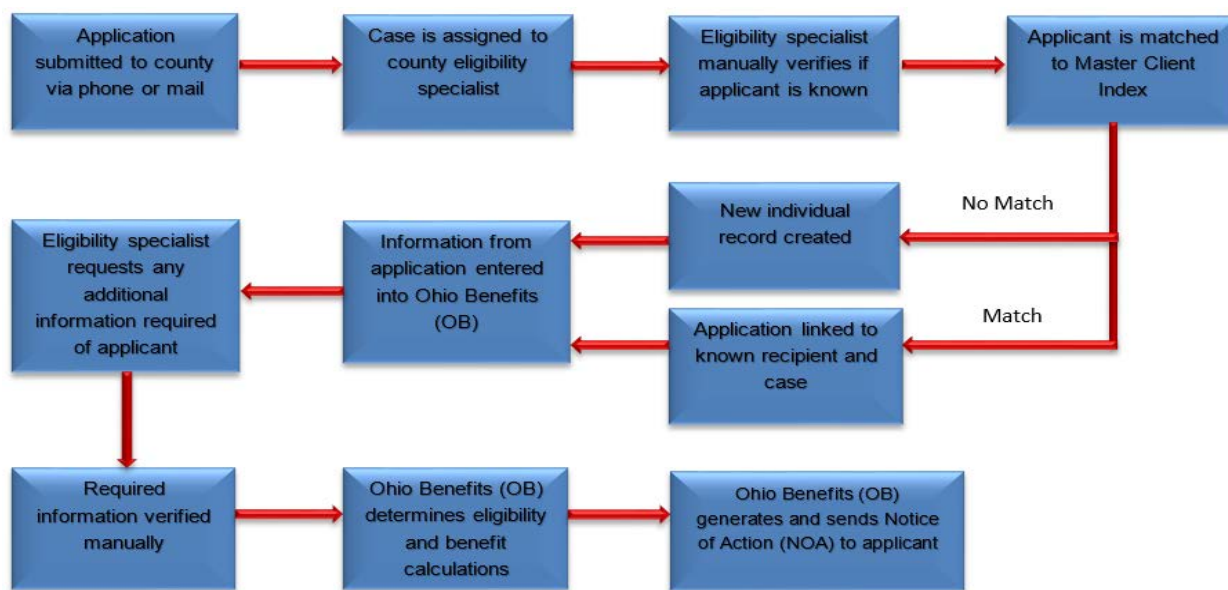


**Source:** ODAS

If the no touch process is unsuccessful, the application falls out and requires a caseworker to complete the process. Caseworkers can perform electronic verification of eligibility factors using the federal hub and additional electronic sources. Examples of other electronic data pinged to verify income include state wage data and unearned income. **Appendix 3** provides a list of electronic verification sources.

In county interviews, respondents indicated the federal hub is used for verification of non-financial factors such as citizenship and social security numbers and they generally use both electronic sources and obtain paper documentation for earned and unearned income. Counties indicated confusion on how to use electronic verification sources in that some stated they need customer permission to ping the federal hub and others did not. In addition, some indicated they lack confidence in the accuracy of the federal hub and other electronic sources in part because the eligibility determination is based on current income and the electronic verification provides older data. **Chart 6** describes the manual application process.

**Chart 6: Manual Application Process**



**Source:** OB project website

Once the required elements are verified, the caseworker runs the eligibility determination benefit calculator (EDBC) which determines eligibility (or ineligibility) and designates the group, category and eligibility period. The caseworker reviews and accepts the EDBC results and the system automatically creates a notice of action (NOA) informing the customer of the outcome. The notice is then mailed to the customer.

Many of the counties interviewed stated that EDBC results are not always correct and manual overrides must then be performed to show the correct eligibility status. Two counties indicated that caseworkers manually calculate the budget and determine eligibility prior to running the EDBC in order to evaluate the accuracy of the determination.

Other issues with the application process highlighted in the county interviews include the following:

- Long-term care applications are difficult to process in the OB system; at times it removes eligibility for the qualified Medicare beneficiary (QMB) and the specified low income Medicare beneficiary (SLIMB) so then premiums are deducted by social security and it can be cumbersome to re-instate a customer into the correct aid category.
- Duplicates in system (same customer on multiple cases and multiple person identifiers for the same customer) and caseworkers cannot delete customers added in error or on duplicate applications.
- The link between the OB system and MITS does not always work and there is a lag time between determination and MITS update during which customers cannot access services.
- Information on income does not always come over correctly from an electronic application.
- The pending citizenship screen requires a work around.
- Linked applications have incorrect and conflicting information.

### C. Medicaid Renewals

#### **Key Points**

Once Medicaid eligibility is established, eligibility for most categories must be renewed every 12 months. The data shows that, over the past five state fiscal years, an average of 95 percent of renewals processed were approved. The OB system includes a passive renewal process that allows for eligibility to be verified using an electronic process which eases the burden on the customer and reduces workload of the county caseworkers. The rate of passive renewals decreased in SFY2019 from the prior year with approximately 21 percent being passively renewed. This leaves the majority of renewals to be processed at the county level.

Ohio Admin. Code § 5160:1-1-01(B)(68) states that a renewal is performed annually or when information about possible changes to a customer's eligibility is received. ODM indicated that approximately seven weeks prior to a customer's renewal month the system attempts to renew benefits based on electronic verifications via passive renewal (see *Passive Renewals* below). If the renewal passes, benefits extend 12 months from the renewal date and a notice is mailed to the customer. If the case information is not successfully verified, or the program is not approved for benefits, the program block<sup>6</sup> will fall out of the passive renewal process. The caseworker then follows a manual renewal process. Categories excluded from passive renewal are PE and Alien Emergency Medical Assistance.

Caseworkers process e-renewals and manual renewals. For these renewals, the system automatically generates a renewal packet which is mailed to the customer. The renewal packet lists various ways the customer can renew, including on-line, mail, and a centralized phone number. A manual renewal form is sent to the customer approximately four weeks prior to a customer's renewal month. The due date of the manual renewal form is 30 days from the mail date. If the customer does not return the renewal form within 10 days of the due date a reminder letter is sent. If the customer fails to respond to the renewal request, the case will be auto-discontinued by the OB system. If the customer responds to the renewal request prior to the auto-discontinuance date, the case will remain active and the county will process the renewal.

ODM's 2020 CAP noted issues with the OB system not identifying all cases that need renewed and making eligibility errors when the system performs an automated case closure. County respondents noted issues with redetermination packets, including that the packets are too long and difficult to understand, and do not request information on resources for those customers in an aid category in which resources are a determining factor.

**Table 7** illustrates renewals by year for active, denied and discontinued cases<sup>7</sup>. Total renewals in SFY2019 was 671,539, which was a 434 percent increase from SFY2015. The data provided for this audit reflects significant variances, is unaudited and is of questionable reliability. The data shows a significant increase between SFY2017 and SFY2018 in which the renewals increased 265 percent and a minimal increase of approximately five percent from SFY2018 to SFY2019.

**Table 7** also shows the percent of total renewals that are approved and demonstrates that the percent of approved renewals was consistent across the five years.

<sup>6</sup> Program blocks are the method in which the OB system organizes cases for budgetary purposes to determine eligibility. There are separate budgetary units within one program block for different household members. Budgeting units refer to all individuals who must be counted (either in household size or income).

<sup>7</sup> Discontinued is term used for denied renewal where the case had pending status prior to the denial.



**Table 7: Medicaid Renewals for State Fiscal Years 2015 – 2019**

| Status                       | SFY2015          | SFY2016          | SFY2017          | SFY2018          | SFY2019          | Totals             |
|------------------------------|------------------|------------------|------------------|------------------|------------------|--------------------|
| Renewed<br>(percent renewed) | 119,064<br>(95%) | 151,917<br>(94%) | 163,607<br>(94%) | 607,902<br>(95%) | 643,109<br>(96%) | 1,685,599<br>(95%) |
| Denied and<br>Discontinued   | 6,599            | 10,556           | 10,907           | 29,639           | 28,430           | 86,131             |
| <b>Total</b>                 | <b>125,663</b>   | <b>162,473</b>   | <b>174,514</b>   | <b>637,541</b>   | <b>671,539</b>   | <b>1,771,730</b>   |

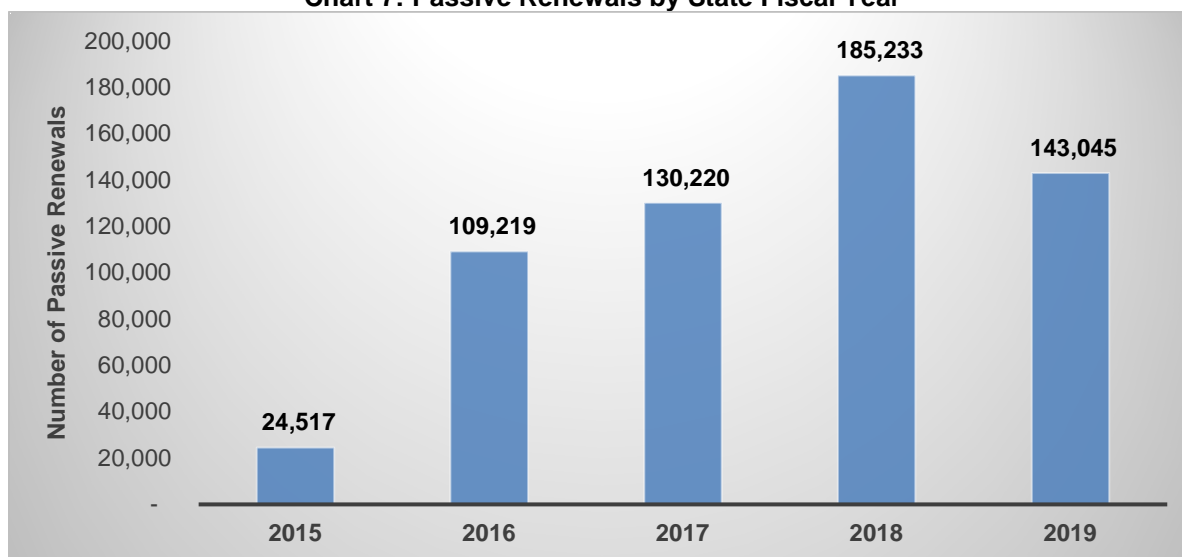
Source: ODAS

**Passive Renewal**

The OB system processes passive renewals monthly and can automatically renew customers based on the following criteria:

- Medicaid customers who are within 30 to 90 days of the current renewal due month;
- MAGI-based or non-MAGI based Medicaid;
- programs with the status of active;
- customer must have a social security number, last name and date of birth; and
- customers must not have an expense type of qualifying income trust<sup>8</sup> with a manual deposit.

ODM's 2020 CAP noted low passive renewal rates and county respondents stated that passive renewals do not always work properly. **Chart 7** illustrates passive renewals for SFY2015 through SFY2019 and shows that there was a 480 percent increase in this period; however, passive renewals decreased 23 percent from SFY2018 to SFY2019.

**Chart 7: Passive Renewals by State Fiscal Year**

Source: ODAS

<sup>8</sup> If customer requesting LTC services has income above special income level standard (see **Appendix 1**), they can deposit income in qualified income trust to become eligible for LTC services.

## D. County Departments of Job & Family Services

### **Key Points**

Ohio uses a county administered process to enroll most customers in the Medicaid program. While the eligibility rules are consistent across the State and the OB system provides a statewide platform, there are differences in how counties are organized and the processes used to complete the enrollment process. These differences are due to various factors such as county size, the county's participation in a CSS region, and variations in county administration and management. As a result, a customer's experience with this statewide program will vary based on county of residence. Due to issues with the OB system highlighted in this report, we were unable to draw any conclusions as to the efficiency or effectiveness of any particular model or practice at the county level.

There are common activities all counties perform to determine Medicaid eligibility including processing applications and renewals, training staff, conducting quality assurance and supervisory reviews, scanning records, addressing complaints, and providing information for hearings. Most of the counties interviewed indicated they had specialized staff that address long-term care cases due to the complexity of these eligibility rules.

The interviews with the counties also identified differences in business processes and workflow models (see **Appendices 6** and **7** for a comparison of sampled counties statistics and selected functions). For example, some counties use a casebank model where all cases are pulled from a central repository and multiple caseworkers perform tasks on a case as needed. Other counties assign each caseworker a case in a round-robin format and the caseworker performs all necessary functions to determine eligibility. Other differences in county processes include:

- not all counties use the work-flow functionality in EDMS;
- larger counties are more likely to have dedicated quality assurance staff while in smaller counties supervisors perform the QA function;
- some counties authorized caseworkers to perform overrides while others limit that function to supervisors;
- counties varied in the process for addressing complaints; for example, responsibility was with supervisors, special units or an ombudsman; and
- counties varied in deployment of staff resources for answering phones and manually processing cases.

## E. Backlog of Medicaid Eligibility Determinations

### **Key Points**

Backlog data refers to applications and renewals that are overdue – beyond the required timeframes for processing. There are many factors impacting Ohio's backlog which was identified as a concern both by the State and CMS and resulted in a corrective action plan (CAP) being developed by ODM. The counties interviewed indicated addressing the backlog has been a priority.

Federal timeliness standards to determine eligibility are 90 days for customers with a disability and 45 days for all other customers. There are also standards that require documentation to be maintained to support the eligibility decision.

States reported data to CMS on application processing time for MAGI and Children's Health Insurance Program applications in 2018 and 2019, covering the period of February to April in both years. **Table 8** shows a comparison of Ohio to the national average.

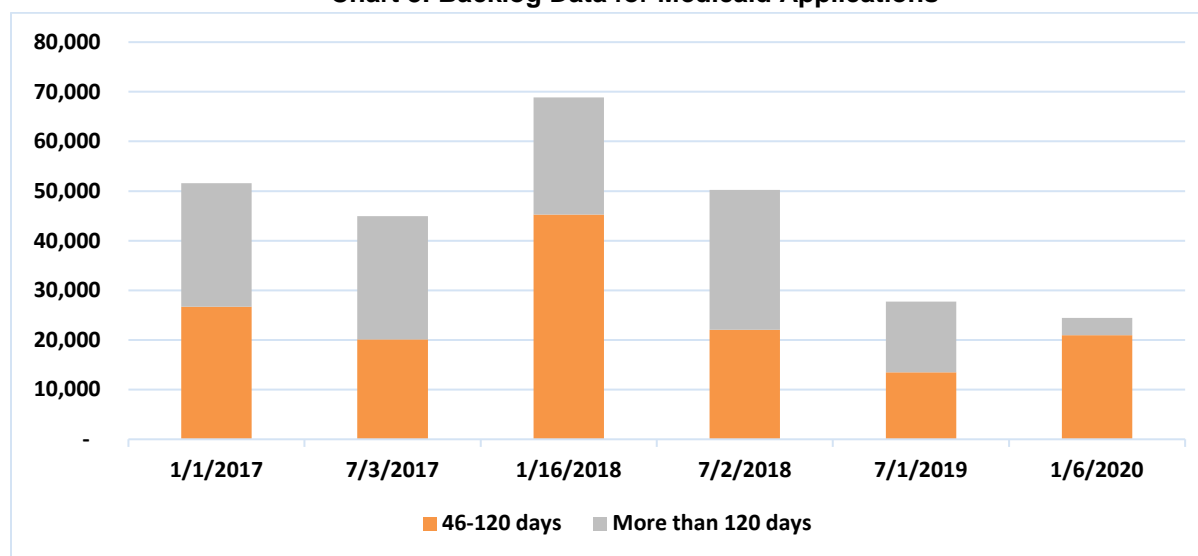
**Table 8: Application Processing Time Comparison**

| <b>2018</b>      | <b>Percent of Determinations Under 24 Hours</b> | <b>Percent of Determinations Over 45 Days</b> |
|------------------|---|---|
| Ohio             | 13.0% to 13.6%                                  | 25.5% to 28.6%                                |
| National Average | 30.8% to 32%                                    | 17.9% to 18.2%                                |
| <b>2019</b>      | <b>Percent of Determinations Under 24 Hours</b> | <b>Percent of Determinations Over 45 Days</b> |
| Ohio             | 17.9% to 18.6%                                  | 14.9% to 20.2%                                |
| National Average | 31.8% to 47.1%                                  | 11.2% to 17.9%                                |

**Source:** CMS

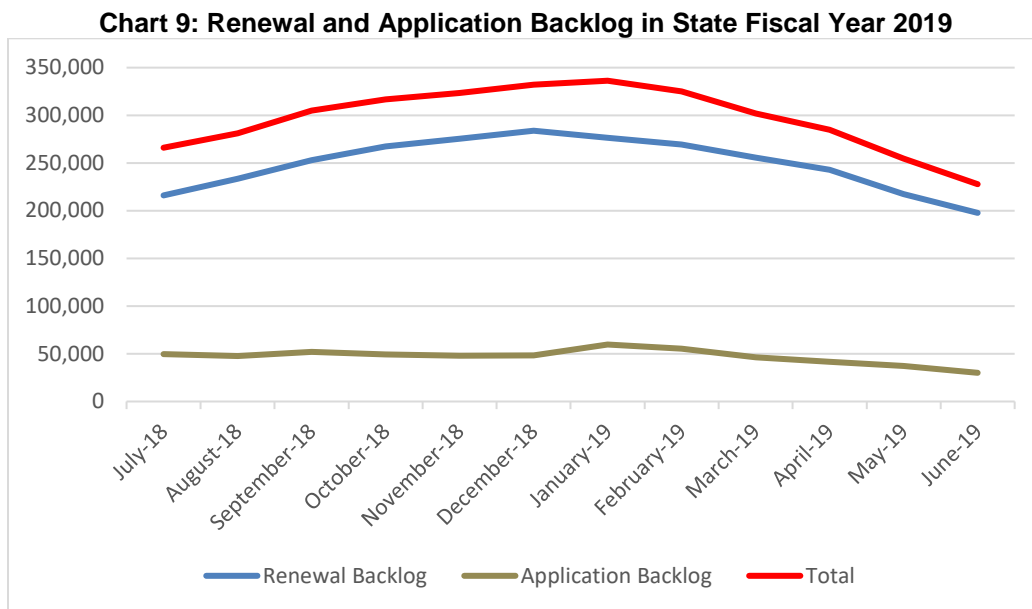
Ohio was below the national average in real-time application processing (less than 24 hours) in both years; however, Ohio did improve its real time application processing in 2019. Ohio is higher than the national average for percent of determinations greater than 45 days for 2018 and 2019, although Ohio also showed improvement in this category. Ohio's issues with backlog of application and renewals has been acknowledged by ODM. In a September, 2019 presentation to the Joint Medicaid Oversight Committee, the Director of ODM reported that the backlog issue was of such significance that CMS had required ODM to submit a CAP, which it did in January 2020.

ODM reported that it tracks backlog data and provided some of the reports it has developed for this purpose. **Chart 8** shows the trend for backlog data at various points from 2017 to 2020.

**Chart 8: Backlog Data for Medicaid Applications****Source:** ODM

The data shows that applications processed over 45 days has declined since 2017. Since a peak in total backlog in January of 2018 of 68,894 cases, the backlog has decreased to 24,452. The largest source of applications processed over 45 days in 2018 and 2019 are by mail, followed by phone, in-person and fax. Electronic applications account for seven percent of applications over 45 days.

**Chart 9** shows renewals and application backlog separately and combined for SFY2019. The application backlog showed the most significant decrease of 40 percent while the renewal backlog decreased by approximately nine percent. Total backlog decreased in SFY19 by approximately 14 percent. Ohio's CAP indicated Technical and Assistance Compliance staff have been working with counties on the backlog of applications. In 2019, ODM also hired a subject matter expert to assist counties with improving work-flow for processing applications.



Source: ODM

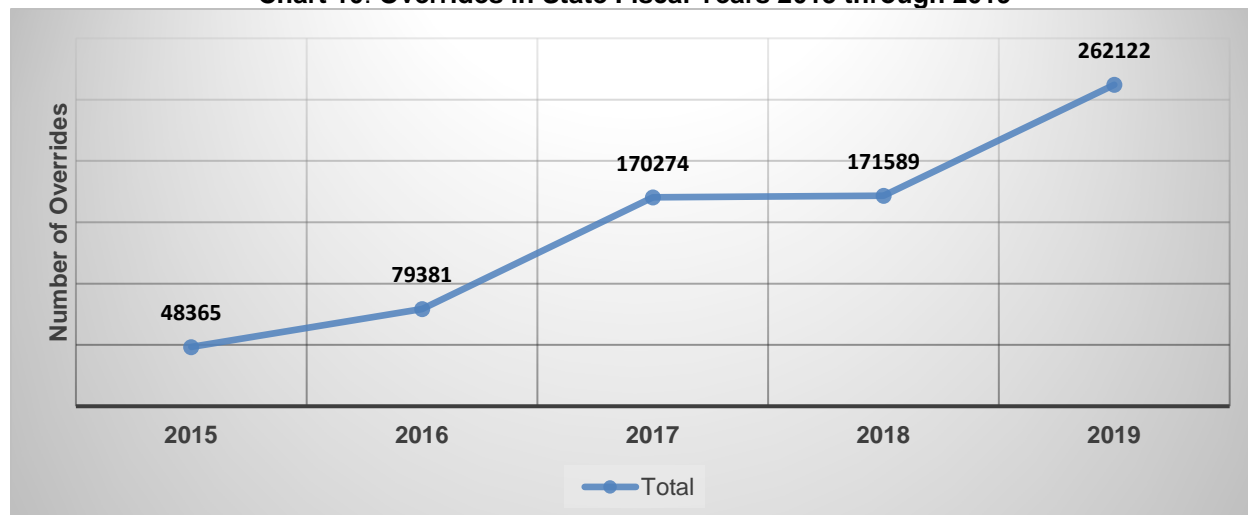
## F. Overrides in the Ohio Benefit System

### Key Points

The OB system allows for data to be changed and results to be overridden. The override is required to “force” the correct result when the OB system does not function accurately. Most of the counties interviewed indicated that, due to the number of overrides needed to correctly determine eligibility, what was intended to be a supervisory function was changed to a caseworker function. There are a number of system generated updates to cases that occur; however, once an override is performed, these updates do not process correctly resulting in manual updates being performed at the county level.

An override is a type of workaround that caseworkers use to change EDBC results when the OB systems determination for eligibility is incorrect. The OB system incorrectly determines eligibility for a number of reasons, such as incorrect calculations for long-term care benefits.

**Chart 10** shows the trend of overrides in the OB system between SFY2015 and SFY2019. As illustrated, although overrides were somewhat level between SFY2017 and SFY2018, there has been an overall increase in the number.

**Chart 10: Overrides in State Fiscal Years 2015 through 2019**

Source: ODAS

Almost all of the 27 counties interviewed indicated that caseworkers are able to perform an override in the system. A few indicated that supervisors are involved in the process but due to the number of overrides needed, most did not require this level of oversight. Feedback from the county respondents included concerns about the number of workarounds and processes that do not occur once an override is completed on a case stating “once broken, always broken.” Batch processing (an automated system wide update) generally results in cases where an override had previously been completed to fall out which then necessitates manual intervention by a caseworker.

#### G. Ohio Benefits System Helpdesk Tickets

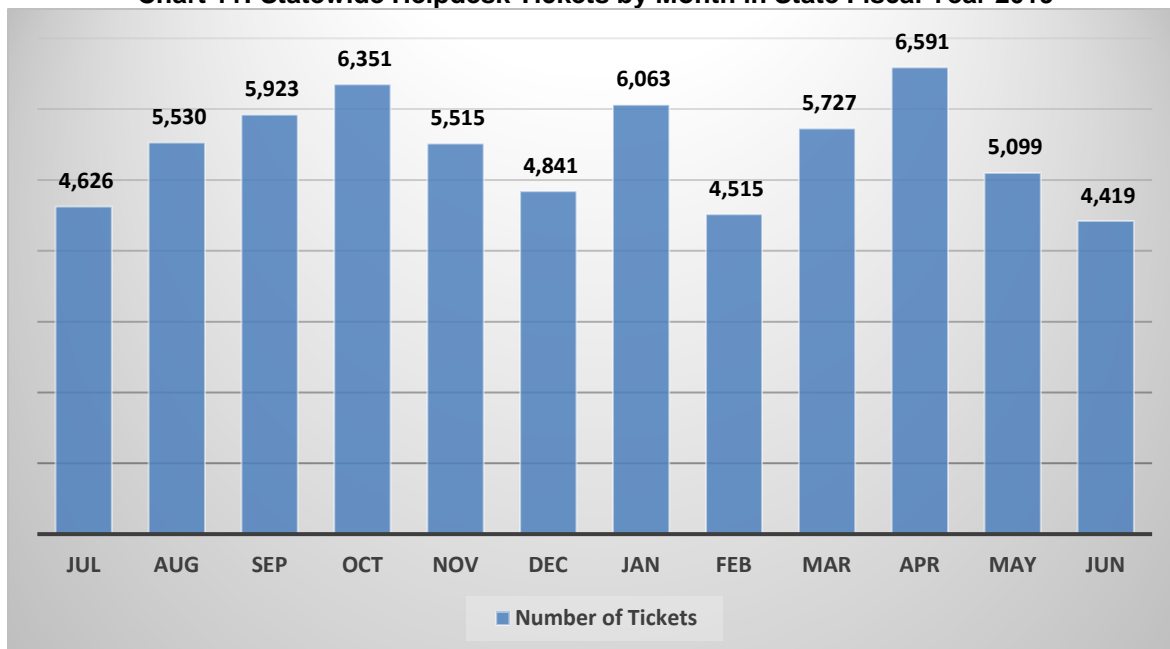
##### **Key Points**

There is a helpdesk system for counties to report issues with a case or with the functioning of the OB system. The helpdesk tracks these reports (tickets). Excluding tickets related to password or log-in errors, the helpdesk received over 55,000 tickets in SFY2019; however, based on feedback from the counties the number of issues being experienced may be under-reported. ODM indicates it monitors the tickets to identify issues and if the tickets are under-reported, this could lead to issues going unaddressed.

When a county cannot resolve an issue, it submits a ticket to the helpdesk. In addition some of the workarounds instruct the caseworker to send a ticket. Tickets may be submitted via phone or email. Tickets submitted via email go to a dedicated mail box that is monitored by ODAS staff. The Remedy system is used to track resolution, closure times, notes and action taken for all tickets. ODM has access to Remedy and reported that they meet weekly with the helpdesk. The staff involved perform root cause analysis to determine if the system is working correctly. Additional guidance is provided to counties when common issues are identified.

A total of 65,200 tickets were submitted in SFY2019, an average of 5,433 per month. Of these, over 9,800 were due to password, access and/or log in errors. The number of tickets statewide are usually higher at the start of second, third and fourth quarters, with the months of October, January, and April having over 6,000 tickets each. **Chart 11** show statewide tickets by month for SFY2019.

**Chart 11: Statewide Helpdesk Tickets by Month in State Fiscal Year 2019**



**Source:** ODAS

**Note:** Original data provided by ODAS included entries labeled “misdirected call”. According to ODAS these are incidents that are not expected to be handled by the helpdesk; the most common being a customer calling the helpdesk instead of ODM’s vendor. The misdirected calls were removed from the data for this chart.

A number of concerns were noted by the county respondents regarding tickets. While a few counties indicated receiving timely responses, more often counties expressed concerns with timeliness and quality of the response. It should be noted that this feedback seemed to be reflective of concerns over a longer period than SFY2019 and many counties noted that the system has improved over time. Feedback from counties included:

- at times instructed to do what county reported it already did;
- late response or no response;
- frustration because it does not appear the ticket was fully read, so counties have to send it a second time;
- tickets marked “urgent” do not get addressed timely;
- at times one issue is corrected but this action results in a different problem being created; and
- most cases on the pending report are waiting on ticket responses.

Based on feedback from the counties, the number of tickets may be under-reported. Respondents stated they generally do not send tickets after performing a known work around (“why tell them what they already know”) and they prefer to trouble shoot with CSS partners due to lack of consistency and timeliness from the help desk. This limits the ability to use the ticket data to monitor the OB system and make improvements.

## H. Ohio Benefits System Alerts

### **Key Points**

The OB system includes alerts that notify the counties of a potential change in a customer’s circumstance that may impact Medicaid eligibility. This important control is not effective due to the number and duplication of the alerts being generated – in SFY2019 there were approximately 11.8 million alerts. Counties described alerts as time consuming, a low priority, out of control and a never-ending cycle.

The OB system generates alerts for interface outputs/updates, batch outputs or other triggers in the system. Alerts are given a priority indicator of low, medium or high and inform caseworkers of updates to the system and/or an action that needs to be taken. Examples include an IEVS alert which is generated when income from outside sources does not agree to the OB system. Another alert generates notifications regarding third-party insurance and Medicare. See **Appendix 2** for list of alerts generated in the OB system and corresponding action steps.

In SFY 2019, there were 4,416,781 Medicaid IEVS alerts and 7,346,955 statewide Medicaid non-IEVS alerts, for a total of 11,763,736. This equates to an average of 133,679 per county. The IEVS alerts increased by 41 percent in comparison to SFY2018. It should be noted that counties also receive alerts for other programs that they process such as SNAP and TANF. The total of all alerts for all programs in SFY2019 was just under 17 million.

Interviews with the 27 counties identified alerts as a significant issue. Comments indicated that the alerts are numerous and repetitive; for example, one county reported receiving 5,000 alerts in one day. Another county noted that alerts are hard to understand and staff are confused on how to address them. Some counties have developed an internal system to track alerts to help manage this workload while others indicated the volume is too high to be manageable and they acknowledged that significant alerts may be missed.

One specific concern expressed by counties was related to the Territory Beneficiary Query (TBQ) alert. They indicated that changes are made to customer's eligibility for Medicare Premium Assistance Program in which Medicaid pays Medicare premiums on behalf of a customer. Due to a system glitch, a customer's status is changed and the premiums are deducted from their social security check. Often multiple months are deducted at the same time leaving the customer in financial distress. According to county interviews, the county is generally not aware of this change until the affected customer contacts them in a crisis mode. While the county caseworkers can correct the customer's status in OB, it may take months before the funds are returned from Social Security leaving the customer to struggle for this period of time.

Findings regarding the alerts have been raised by the Auditor of State (AOS) in prior reports. These reports have repeatedly noted that ODM did not have controls and procedures in place to monitor IEVS alerts. The 2018 State of Ohio Single Audit noted that 41.6 percent of the IEVS alerts sent to the counties during the SFY2018 were not cleared within 45 days as required. The alerts were cleared between one and 502 days beyond the 45-day requirement. AOS has identified additional weaknesses with alerts, highlighting the volume of alerts, multiple and repetitive alerts, irrelevant alerts, and difficulties in the steps required to complete alerts.

### I. Ohio Benefits Updates and Releases

#### **Key Points**

Updates are made to the OB system to improve the functionality of the system. Many of these updates result in changes to how caseworkers process cases. In SFY2019 there were 654 changes to the OB system and these involved 533 changes in how caseworkers perform their work. Despite the many updates to improve the system, the counties report significant issues continue to exist.

The OB project web-site provides monthly release notes giving a summary of fixes and enhancements in the OB system organized by the program(s) impacted by the release (change may impact Medicaid only, SNAP/TANF only, or all programs). The release notes are organized by the categories of retired workarounds, new functionality, enhancement or system improvement and describes the case worker impact, if applicable. Examples from the release notes include:

- new functionality - the interface to National Technology Information Services with a caseworker impact of creating a new alert;

## Ohio's Medicaid Eligibility Determination Process

- system improvement - gave caseworkers the capability to centrally reprint an award notice; and
- enhancement - updating the no touch process so that unknown or absent parent records are automatically created if not present in the application and the impact was an improvement to the caseworker's experience.

**Table 9** shows changes and impacts to caseworkers in SFY2018 and SFY2019 for Medicaid only or shared by all programs. The category of System Changes includes functionality changes, system enhancements, improvements and workarounds. This data shows that both the number of changes and the impacts to caseworkers increased by approximately 70 percent in this period.

**Table 9: Ohio Benefit System Changes**

| Time Period                       | System Changes | System Changes that Impacted Caseworkers |
|-----------------------------------|----------------|--|
| SFY2018                           | 385            | 316                                      |
| SFY2019                           | 654            | 533                                      |
| Percent Change SFY2018 to SFY2019 | 70%            | 69%                                      |

**Source:** Ohio Benefits Portal

County interviews highlighted numerous concerns with the OB system. Issues identified by multiple counties include:

- The caseworker identifier is not always accurate (e.g. one caseworker pings hub but a different caseworker name is populated as performing the task).
- Data disappears, the OB system shuts down frequently or times out and caseworkers lose work and general system slowness.
- The EDBC will run and budgets are often not correct and require an override.
- The automated mass change and batch processes cause cases to fall out and require a caseworker to manually update.
- The OB system renews people it should not.
- The OB system does not calculate household size correctly and if the household size is too large, the system will time out.
- Caseworkers cannot remove retroactive months.
- Customers are put into wrong aid category.
- It is difficult to remove a child from case.
- Term life insurance does not work correctly.
- The pending citizenship screen requires a work around.
- Award notices (NOAs) are not being generated properly.
- No interface with the My Care Ohio program.
- If a rule is not implemented in the OB system correctly it does not generate the expected results.
- Error code "9500" pops up when a caseworker clicks on something too fast.
- It is not always possible to see needed history on a case.

During fieldwork for this audit, changes were made to address some of these issues. In addition, the number of system enhancements and improvements made in SFY2018 and SFY2019 demonstrates efforts to improve the OB system. We did note that at times one county indicated that there was an issue while another county indicated that there was a "fix" for the same problem. This would indicate that there is a gap in knowledge between counties and their staff on some of the system enhancements and improvements.



## Accuracy of Eligibility Determinations

We selected customers from each county using a random stratified sampling approach. We identified four strata for our samples: aged, blind and disabled (ABD), Group VIII Expansion<sup>9</sup>, covered families and children (CFC) and Other (i.e. pregnant mothers, deemed newborns). We selected four customers from the ABD and CFC strata; three customers from the Group VIII Expansion strata, and one customer from the Other strata for each of the 27 counties. In total we selected 12 customers from each county resulting in a sample of 324 customers. Because a customer could have moved from one aid category to another during SFY2019, customers were duplicated in the entire population but were not duplicated within a strata.

Using information in the OB system and supporting documentation maintained in EDMS, we redetermined eligibility for each selected customer. After our initial testing, we sent a list of potential non-compliance to the applicable county and to ODM and requested any additional information that could address the initial result. We updated our results for the additional information received.

We identified a customer as non-compliant if we could not determine eligibility due to lack of information, if renewals were not processed timely and if the customer was ineligible for benefits based on the documented facts. For customers in which we could not verify eligibility or who were determined to be ineligible, we identified an improper payment for the effected months. We did not identify improper payments for customers with renewals that were not processed timely but were later processed and the customer was found to be eligible.

### Results

We found 41 of the 324 (12.7 percent) of the Medicaid customers tested were non-compliant. Of these, 16 customers (4.9 percent) were determined to be ineligible to receive benefits during all or a portion of SFY2019. These errors resulted in improper payments of \$39,135. This amount was calculated by adding all capitation and fee for services payments made on behalf of the customer during the period of ineligibility. We determined the remaining 25 noncompliant cases were likely eligible based on subsequent renewals or other information.

Applying the ineligible error rates found in each strata, the potential loss to the program is over \$455 million. For many of the sampled cases, the system lacked the necessary historical information to identify edited, overridden, or information written over by a county caseworker. This contributed to difficulties in determining how the caseworker verified eligibility at the time of the determinations.

**Table 10** shows the results of the redeterminations by strata. See **Appendix 5** for results by county.

**Table 10: Sample Results by Strata**

| Strata               | Sample Size | Non-Compliant Customers | Ineligible Customers | Ineligible Rate | Overall Error Rate | Improper Payments | Potential Program Loss |
|----------------------|-------------|-------------------------|----------------------|-----------------|--------------------|-------------------|------------------------|
| ABD                  | 108         | 8                       | 2                    | 1.9%            | 9.2%               | \$3,556           | \$12,503,736           |
| CFC                  | 108         | 3                       | 7                    | 6.5%            | 9.2%               | \$8,987           | \$157,746,595          |
| Group VIII Expansion | 81          | 13                      | 5                    | 6.2%            | 22.2%              | \$24,685          | \$236,293,587          |
| Other                | 27          | 1                       | 2                    | 7.4%            | 11.1%              | \$1,907           | \$48,723,549           |
| <b>Totals</b>        | <b>324</b>  | <b>25</b>               | <b>16</b>            | <b>4.9%</b>     | <b>12.7%</b>       | <b>\$39,135</b>   | <b>\$455,267,467</b>   |

Source: AOS

<sup>9</sup> Group VII are individuals covered by the expansion option included in the Affordable Care Act.

### **Aged, Blind and Disabled Sample**

Two of 108 (1.9 percent) ABD customers selected for testing were not eligible to receive benefits during all or a portion of SFY2019. These errors resulted in an improper payment of \$3,556. Applying the error rate to the population indicates a potential loss to the program of \$12.5 million.

For one error, the OB system closed the case due to the customer being over income but the case remained open in MITS for an additional 21 months and payments continued to be made on behalf of the customer during that entire period. We also noted eight renewals that were processed from three to 17 months late.

### **Covered Families and Children Sample**

Seven of 108 (6.5 percent) CFC customers selected for testing were not eligible to receive benefits during all or a portion of SFY2019. These errors resulted in an improper payment of \$8,987. Applying the error rate to the population indicates a potential loss to the program of over \$157.7 million. In addition to the ineligible customers, we noted two customers included in an incorrect aid category and one renewal that was processed two months late.

### **Group VII Expansion Sample**

Five of 81 (6.2 percent) Group VII Expansion customers selected for testing were not eligible to receive benefits during all or a portion of SFY2019. These errors resulted in an improper payment of \$24,685. Applying the error rate to the population indicates a potential loss to the program of approximately \$236.3 million.

In addition to the ineligible customers, we noted the following errors:

- two customers who reported zero income but there was information contradicting that and the caseworker did not request verification;
- two customers included in an incorrect aid category; and
- nine renewals processed late including one that was processed 20 months late.

In one of the instances of zero reported income, the customer was an adult, stated he lived with his parents, had no income and worked at a café owned by his parents for room and board. State wage information reports indicated considerable taxable income from that café during each quarter of the year which should have been included in the budget.

### **Other Sample**

Two of 27 (7.4 percent) Other Medicaid customers selected for testing were not eligible to receive benefits during all or a portion of SFY2019. These errors resulted in an improper payment of \$1,907. Applying the error rate to the population indicates a potential loss to the program of over \$48.7 million. In addition, we noted one customer included in an incorrect aid category.

### *AOS Experience with the OB System*

ODM provided us access to the OB system in order to redetermine eligibility for the selected customers in our samples. In performing these redeterminations, we identified concerns with how the OB system functioned and many of our experiences mirrored the information provided by the county staff interviewed.

There was an insufficient audit trail as the system lacked the necessary historical information to identify edited, overridden, or information written over by a county caseworker. For example, we found different screens reported different amounts for income; however, we were not able to see if a screen had been overridden or if there was a write over performed by a caseworker. This information would have been helpful in determining why income amounts were different, or if the income on the different screens are reported for different periods, employers, or other case members.

## Ohio's Medicaid Eligibility Determination Process

The system generated numerous error messages and would time out frequently, necessitating additional log in steps. We constantly re-entered dates, as different screens require dates be in a different format and the system requires dates to be entered again when you advance to a screen and then return to the previous screen. There were instances where the Medicaid History Screen would give dates when redeterminations were completed but the EDBC list would not have run dates that matched the completion dates. Verifications within the OB system do not seem to remain consistent between the different screens. This made it almost impossible to determine how the caseworker verified eligibility at the time of the determination.

ODM's 2020 CAP stated, "our findings regarding the backlogs revealed that the processes and technology intended to enable effective and efficient processing of applications were instead creating a laborious and ineffective eligibility system". During this work we also discovered potentially significant shortcomings in the eligibility and enrollment processes which resulted in missing records and data, and incorrect eligibility determinations. The CAP went on to address three key issues contributing to the identified errors and strategies and milestones for obtaining compliance including:

- significant ongoing and persistent delays in the State's ability to complete determinations of eligibility at application, resulting in sizable backlogs and applications pending;
- failure to conduct timely renewals of eligibility resulting in sizable backlogs and renewals pending beyond the timeframe permitted; and
- failure to promptly redetermine eligibility between regular renewals of eligibility whenever the agency receives information about a change in a beneficiaries circumstances that may affect eligibility.

In addition to the samples, we obtained information on the Medicaid Eligibility Quality Control program at ODM which is a federally mandated process for states to test accuracy of eligibility determinations. We reviewed results of Ohio's most recent PERM audit completed by CMS which includes testing of eligibility determinations. We also obtained data on appeals filed by customers in regards to their eligibility determination along with information on training and resources for counties completing this work.

### Medicaid Eligibility Quality Control Program

CMS requires states to implement Medicaid Eligibility Quality Control (MEQC) programs which are designed in part to reduce erroneous expenditures by monitoring eligibility determinations. Required reviews include:

- active cases (excluding Social Security Income cases, foster care and adoption assistance cases and cases that are 100 percent federally funded);
- negative cases;
- erroneous payments; and
- verification of eligibility status.

In addition, the state must take action to correct any active or negative case action errors found in the sample, take administrative action to prevent or reduce the incidence of those errors and submit a report to CMS on its error rate and a corrective action plan. We obtained ODM's MEQC activity reports for SFY2016 through SFY2019. There are no results for SFY2018 as CMS performed a Payment Error Rate Measurement Program (PERM) for that period. **Table 11** shows the results of the MEQC reviews.

**Table 11: Medicaid Eligibility Quality Control Program Data**

| State Fiscal Year | Cases Reviewed | Number of Errors | Error Rate |
|-------------------|----------------|------------------|------------|
| 2016              | 240            | 17               | 7%         |
| 2017              | 159            | 12               | 8%         |
| 2019              | 143            | 12               | 8%         |

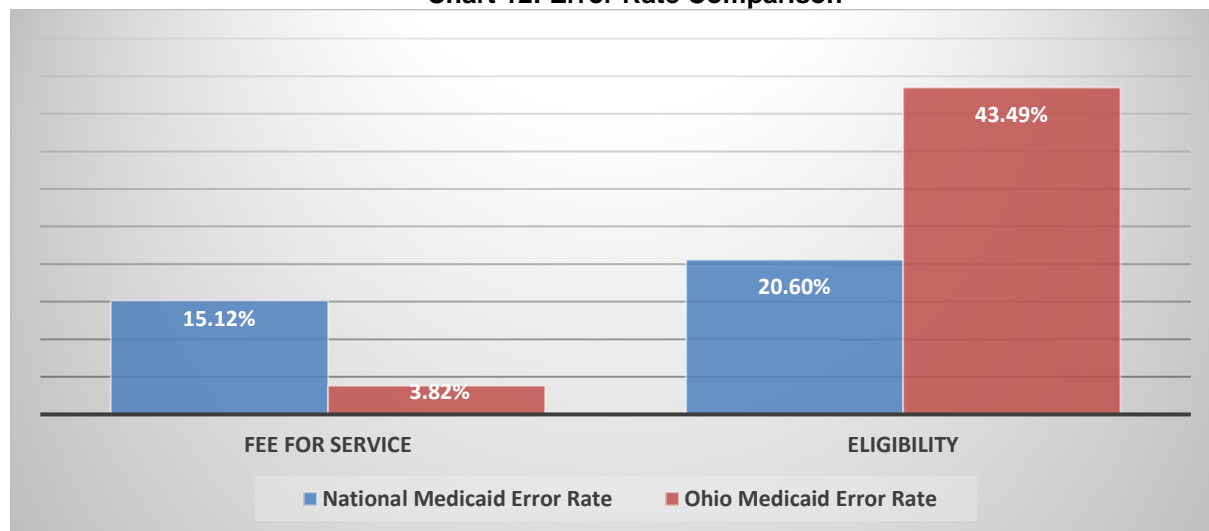
**Source:** ODM

## Payment Error Rate Measurement (PERM) Program

The PERM program is used by CMS to measure Medicaid improper payments and are conducted annually, with 17 states per cycle resulting in each state being reviewed every three years. PERM reviews three components: fee for service (based on payments made to providers), managed care data processing errors (based on capitation payments to managed care plans) and eligibility errors (based on eligibility determinations).

CMS issued its FY2019 report findings for Ohio's Medicaid program on November 26, 2019<sup>10</sup>. **Chart 12** compares Ohio's error rate to the national rate<sup>11</sup>.

**Chart 12: Error Rate Comparison**



**Source:** CMS PERM report

While Ohio had an 11 percent lower error rate than the national error rate for fee for service payments, it had a 23 percent higher error rate than the national average for eligibility determinations. In addition, CMS reported the following breakdown of Ohio's eligibility errors:

- 122 errors due to documentation to support eligibility determination not available to auditors;
- 69 errors due to determination/renewal not conducted timely (deemed ineligible by auditors);
- 55 errors due to incomplete verification and/or documentation; and
- 15 errors due to other miscellaneous errors.

## Appeal of Result of Eligibility Determination

If customers believe the determination of eligibility is in error, they may file for an appeal. The ODJFS has responsibility for the state hearings requested by customers which can be related to a denied application, an application acted upon erroneously, not acted upon with reasonable promptness or in response to a proposal to reduce, suspend or terminate benefits. The ODJFS must receive a hearing request within 90 days of the mailing date of the notice. Coverage will continue through the appeal process if a customer requests a hearing within 15 days of receiving the notice to terminate benefits.

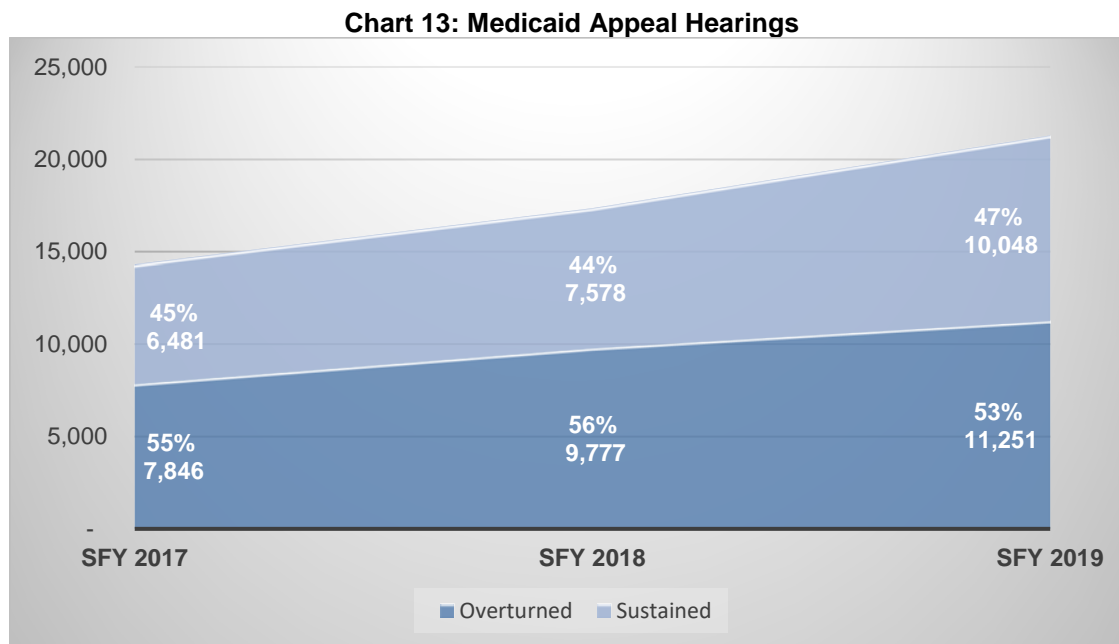
We obtained statewide data on SFY2017 through SFY2019 hearings from ODJFS related to the Medicaid program. As shown in **Chart 13**, the percentage of hearings overturned remained relatively stable during

<sup>10</sup> Note the FY 2019 cycle reviews payments made in SFY2018 can include eligibility records one year prior (July 1, 2016 to June 30, 2017). Ohio Medicaid must reimburse federal Medicaid dollars for claim errors identified in the sample data collected for the 2019 PERM review.

<sup>11</sup> The rates for managed care data processing errors were both zero percent and are not reflected.

## Ohio's Medicaid Eligibility Determination Process

that period, while the overall number of hearings increased by 49 percent between SFY2017 and SFY2019. While the number of applications increased during this period which could account for the increase (see **Chart 3**), this data warrants continued monitoring.



**Source:** ODJFS

Ohio's use of a county administered system necessitates that a sound training program is available that meets the needs of all 85 county offices. In addition, the errors in eligibility determination identified in multiple audits and reviews and the increasing number of state hearings points to the need to further evaluate how training is being conducted and how the State can better support the county staff in this important work.

### Training and Ohio Benefits Project Website

During interviews with the 27 counties, issues with staff turnover differed between counties as did their approach to training new staff. Some counties reported having no new staff in years or that they hire staff from other counties so training is not necessary. Other counties differ in terms of the length of training and whether it includes classroom training or only on-the-job training.

Counties have access to the Ohio Benefits Project web-site that includes training materials, resources and other information related to the OB system. The website contains training material organized by benefit type that includes MAGI-Medicaid, PE, Non-MAGI (ABD/LTC) and other programs (i.e. SNAP/TANF). Training course materials included participant guides, materials from other instructor based training, web-based training, and video conferences.

Training topics provided during 2019 included aid codes, overrides, income and resource verification and change processing. ODM reported the following trainings and technical assistance for counties:

- quarterly regional operational support county meetings (started during 2019);
- monthly ODM technical assistance video conference;
- quarterly ODM/ODJFS joint video conference (started during 2019);
- bi-weekly operational webinars specific to system topics (started in 2019); and
- new caseworker Medicaid policy training conducted quarterly via webinar.

## Ohio's Medicaid Eligibility Determination Process

The project website also includes job aides on specific topics and content on workarounds. The job aides' purpose is to provide processing information and address requests on specific topics. Workarounds generally indicated the user should create a help desk ticket or provided steps to resolve an issue. Release notes are also available on the OB project web-site and provide a monthly summary of OB system upgrades, fixes and enhancements.

County interviews indicated that most have supervisors and/or select staff participate in trainings and then disseminate information internally and that they use other resources such as job aides and policy bulletins available on the OB web-site. Although the majority indicated that they use the site, concerns included that the web site is hard to navigate, has outdated information, and is only used as a last resort. Other issues include training not being proactive, instead taking place after the system change. Some counties have developed an internal process to streamline the information on the web-site into more useful format that better meets their needs. Some counties noted the benefit of regions sharing training resources.

### AOS Experience with the Resource Web-Site





































Through reviewing and researching resources on the OB project site, we noted outdated training information was included along with the current information and was not organized in chronological order so the most current and relevant information could be accessed first. We found it difficult to navigate the site to find information on specific topics and went through multiple links and files to find relevant information on topics researched. **Table 12** shows the number of resources by topic found on the OB project site (not including SNAP or TANF information).

**Table 12: Ohio Benefit System Resources**

| Category                | Workarounds | Job Aids   | Training Course | Video Conferences |
|-------------------------|-------------|------------|-----------------|-------------------|
| MAGI                    | 18          | 108        | 12              | 26                |
| Presumptive Eligibility | 4           | 45         | 11              | 10                |
| ABD/LTC                 | 58          | 134        | 24              | 23                |
| <b>Totals</b>           | <b>80</b>   | <b>287</b> | <b>47</b>       | <b>59</b>         |

**Source:** <https://ohiobenefitsproject.ohio.gov/Training/Training-Materials-by-Benefit-Program-Type>

The following print screen shows an example of the layout on the OB project web-site.

| TRAINING ▾ READINESS ▾ COMMUNICATIONS ▾ RESOURCES ▾ RELEASE NOTES EDMS ▾ CSS-IVR ▾ IPA ▾ EVENTS  |  |  |  |
|--|--|--|--|
| April 2015 Video Conference—Part 2 (April 30, 2015)  | April Video Conference—Part 1 (April 14, 2015)   | August 2016 Medicaid ABD (2.0) Release Awareness Items Workarounds and Processing 209b and 1634  | August 2016 Medicaid ABD (2.0) Release Video Conferences FAQ   |
|  04/01/2016  .pdf  video conference |  04/01/2016  .pdf  video conference |  08/11/2016  .pdf  video conference |  08/03/2016  .pdf  video conference |
| August 2016 Medicaid ABD (2.0) Release, August 25 Video Conference   | Case Processing with No Touch Functionality - Delivered: 12/17/13  | December 2016 Release 2.1 Release Video Conference   | February 2018 Mid Pilot Release Webinar  |
|  08/25/2016  .pdf  video conference |  12/17/2013  .pdf  video conference |  12/15/2016  .pdf  video conference |  01/25/2018  .pdf  video conference |
| File Clearance, Duplicates and Running EDBC - Delivered: 3/14/14   | IEVS Alert Training Video Conference - October 4, 2016   | Inter County Transfers During Pilot Webinar  | June 2018 Release 3.2 Medicaid Webinar   |
|  03/14/2014  .pdf  video conference |  10/04/2016  .pdf  video conference |  11/01/2017  .pdf  video conference |  06/27/2018  .pdf  video conference |

**Source:** OB project website

## Ohio's Medicaid Eligibility Determination Process

While there are numerous materials available on the website, 473 items as shown in **Table 12**, the feedback from the counties and the auditor's experience with the website indicate this is an area for improvement.

Counties shared recommendations for improvement including hands-on training on the OB system, training on how to use the system to process long-term care cases and improved interaction and communication between policy and system staff. In Ohio's CAP, strategies included using subject matter experts to provide training to county staff.

## Stakeholder Feedback

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### Medicaid Managed Care Organizations

The majority of customers enrolled in Ohio's Medicaid program are enrolled with one of the State's managed care organizations (MCOs): Buckeye Health Plan, CareSource, Molina Health Care, Paramount Advantage, and United Healthcare Community Plan. We sent questionnaires to each of the MCOs to obtain an understanding of their interaction with counties regarding the Medicaid eligibility determination process.

The responses indicated that MCOs typically use ODM redetermination files to identify renewal dates and send reminders of renewal dates via post cards or phone calls to their customers. Three of the five MCOs reported having minimal interaction with counties. The interaction that occurs is usually to ensure newborns are added appropriately and to resolve eligibility discrepancies. The other two MCOs indicated more frequent interaction with county offices with one MCO reporting participation in community/public meetings and coalition sessions.

All MCOs reported that their customer provided feedback indicated that interaction and communication with counties could be improved. Identified concerns include long phone wait times and difficulty getting to speak with a person on the phone. All MCOs had customers indicate problems with how documentation and information is handled at county offices, including issues with paperwork being lost, information not processed or processed incorrectly, and information having to be submitted more than once. Strengths of the system included the use of different methods to reach customers. Many noted that communication has improved over time.

MCOs identified the following recommendations for improvement:

- Improve the experience of customers in renewing Medicaid eligibility.
- Improve/reduce hold times experienced by customers.
- Give health plans the ability to assist members with obtaining Medicaid eligibility.
- Develop better ways to inform MCOs of eligibility status at the same time as the customer.
- Offer renewal events partnering with both community and faith based organizations.
- Have community navigators assist with the renewal process.
- Ensure data is correct, specifically addresses, phone numbers, date of birth, date of death, and newborn data.
- Review how customer demographic information is being updated by each county, communicated to the ODM and then passed to the MCOs.
- Ensure that the Ohio Benefits number is functional for all customers and the hours the number is being staffed.
- Add the option of texting by the county.

### Long-Term Care Facilities

A long-term care facility is defined as a nursing facility, intermediate care facility for individuals with intellectual disabilities, or medical institution with respect to whom payment is made based on a level-of-care provided in a nursing facility. The comprehensive care includes room and board.



## Ohio's Medicaid Eligibility Determination Process

We used the Ohio Department of Aging's website to identify nursing facilities in the state to interview regarding their interaction with counties. We haphazardly selected 50 nursing facilities from the 27 counties selected for testing. Of the 50 facilities contacted, 35 responded to our request.

Interview responses indicated interaction with counties involved new applications, redeterminations, and notification of income changes. Overall, respondents indicated frequent interaction with counties with communication most commonly occurring on a daily or weekly basis. Twenty-six of the 35 reported that the facility is assigned a primary county caseworker. Some facilities in larger metropolitan counties indicated that a team of caseworkers respond to their inquiries.

Twenty of the 35 respondents reported no issues with the counties in regard to the eligibility determination process. Others did report issues with timeliness of the process. For example, one facility interviewed in November 2019 reported having 10 applications and six redeterminations waiting on approval since February 2019. Other issues noted involved the customer or representative experiencing difficulty obtaining the required documents such as life insurance and bank statements.

### Recommendations from the long-term care facilities include:

- Have regular representative meetings.
- Simplify the renewal process.
- Train staff involved with eligibility determinations and/or family members on long-term care requirements, including income and other financial requirements.
- Allow more time to obtain records from external entities.
- Improve communication between counties and facilities during redetermination and application process so processes are understood and cases are not incorrectly closed and can be processed in a timely manner.
- Provide more timely response and improved customer service from the call center.

## Recommendations

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### 1. OB System

Despite efforts by ODM and other state agencies, significant issues continue to impact the State's Medicaid eligibility determination process. These issues, compounded with the complexity of the program, the use of a county administered system, and the multiple avenues for information to be submitted, have resulted in confusing rules, system errors, human errors, and communication difficulties. The consequence is that it is difficult to see how eligibility is determined and to verify its accuracy.

Updates are continually made to improve the functionality of the OB system. Many of these updates result in changes to how caseworkers process cases. In SFY 2019 there were 654 changes to the OB system and these involved 533 changes in how caseworkers perform their work. Despite the many updates, the counties report significant issues continue.

The 2019 State of Ohio Single Audit noted system issues including the lack of a system warning or other control in place to identify or prevent caseworkers from overwriting data when new information is identified instead of adding the new information, as intended. Another system defect prevents caseworkers from viewing the previous case information.

In its response, ODM indicated it was working with its vendor to establish a plan to address system design weaknesses, defects and the number of alerts and workarounds. Additionally, in its 2020 CAP, ODM acknowledged numerous issues with the OB system and outlined a number of activities to address these issues including:

- evaluate and re-design the alert system;
- joint new user training and regional long term care training;
- reducing and monitoring the backlog of applications and renewals;
- addressing the lag in receiving applications from the federal market place and social security;
- improved reporting system to aid counties; and
- increased staffing at ODM and funding to counties to address backlog.

We recommend that ODM implement the corrective action steps identified in its response to the 2019 audit and release progress reports on system and process improvements and issues impacting Medicaid eligibility. These mechanisms could be a combination of a committee comprised of stakeholders meeting on a regular basis (i.e. quarterly) and frequent communication to the public via web-site, newsletters, or other means. Regular reporting on the process and system issues improves accountability for how public funds are spent and transparency on how the Medicaid program determines and processes Medicaid eligibility. Information reported could include, but is not limited to, timeliness of processing application and renewals, backlog status, OB system changes, application procedures, feedback from counties and customers (i.e. surveys), rule changes, and state and federal audit results.

In addition, ODM has indicated that it will be contracting for an external review of the system. We recommend ODM ensure that this review include an evaluation of the effectiveness of the identified corrective action steps. Monitoring and evaluating the OB systems' effectiveness and other processes and structures for determining Medicaid eligibility are critical to reduce the backlog of renewals and applications, to accurately determine Medicaid eligibility and to ensure a vulnerable populations' interaction with the Medicaid system is positive and efficient. Implementing recommendations to improve how Medicaid eligibility is processed through the OB system is essential to increase the confidence of the public and to ensure eligibility is determined according to standards and best practices.

*ODM's Response:* ODM reported that it posted a request for applications in September 2020 to procure services of an independent IT vendor to evaluate the OB system with the tentative project timeline of March 2021 – June 2022. In addition, the last four updates (releases) for the OB system completed in April, May,

July and August 2020 have addressed defects in various functional areas and made enhancements to the system. ODM indicated it intends to continue communicating with stakeholders to explain progress with system and process improvements.

### 2. Medicaid Eligibility Determinations

We found 41 of the 324 (12.7 percent) of the Medicaid customers tested in this audit were non-compliant. Of these, 16 customers (4.9 percent) were determined to be ineligible to receive benefits during all or a portion of SFY2019. These 16 customers resulted in improper payments of \$39,135. Applying the ineligible error rates found, the overall potential loss to the program is over \$455 million. For many of the sampled cases, the system lacked the necessary historical information to identify edited, overridden, or written over information. This contributed to difficulties in determining how the caseworker verified eligibility at the time of the determinations.

Similar results were identified in the 2019 State of Ohio Single Audit which noted that for 10 percent of the Medicaid customers selected for testing, a systemic issue within Ohio Benefits existed that impacted the eligibility process and/or eligibility determination. The 2019 audit recommended that ODM identify and coordinate program changes to address identified system design weaknesses/defects, including the issues with overwriting data and ensuring all data stored in the system is available/viewable by users.

We recommend that ODM evaluate the results for the 41 non-compliant customers and reimburse federal Medicaid dollars for the 16 ineligible customers identified in the sample. We also recommend that ODM address the system issues that contribute to the identified eligibility errors, develop accurate and timely reports that provide necessary data to monitor the work performed by the counties, and improve training for counties. (See recommendations on Data Governance Structure, Alerts in the OB System and Training Resources below.) In addition, we recommend that ODM regularly evaluate selected benefit payments to verify the customer's eligibility, verify the customer information entered into the OB System is accurate, and the information is being maintained to support the eligibility decision.

*ODM's Response:* ODM reviewed the 41 non-compliant eligibility determinations identified, including the 16 identified as not eligible, and agrees that 12 are either not eligible or lack documentation to determine their eligibility. In addition, ODM indicated that, per CMS, financial recoveries based on eligibility errors can only be pursued when identified by programs operating under CMS' Payment Error Rate Measurement (PERM) program, under section 1903(u) of the Social Security Act and regulations at 42 CFR Part 431, Subpart Q and as such ODM will not return the federal share previously claimed for these 41 individuals, unless or until CMS directs otherwise.

*AOS Conclusion:* In its response, ODM gave no basis for its disagreement with four of the recipients determined to be ineligible and we maintain that our results are valid.

### 3. Data Governance Structure

We experienced issues in obtaining reliable and consistent OB system data and reports. There were instances in which we had to request reports multiple times because the original report did not contain all the data requested. For some of our requests, we received a revised report we could use for analysis, but in other instances we were unable to use the reports provided, or the data was never provided. We did not receive reports in a timely fashion. For example, we requested several reports in November 2019, and although we received various reports in the interim months, we did not receive many of the reports until early March 2020.

In our limited use of the EDMS system to view documents used to support eligibility determinations, we found it to be slow, documents were difficult to locate (multiple years of support in a single folder, inconsistency in what a single scan may include, applications and renewal forms in the same folder, etc.) and found instances in which documents were scanned under the incorrect social security number and therefore not in the correct folder.

## Ohio's Medicaid Eligibility Determination Process

To ensure consistency and reliability of data, we recommend that ODM work with ODAS to emphasize and evaluate a data governance structure. Data governance is the process of managing the usability, reliability, availability and security of an organization's data. Focusing on effective data governance improves data quality and reliability of data used for analytical decision making by identifying and fixing errors before sharing information with other agencies and using for auditing purposes.

The 2019 State of Ohio Single Audit also recommended ODM and ODAS consider developing a data governance structure that includes subject matter expert at each agency to be accountable for the quality of data generated and shared.

According to the Data Governance Institute, eight principles are at the center of all successful data governance and stewardship programs:

- All data governance participants must have integrity in their dealings with each other. They must be truthful and forthcoming in discussing the drivers, constraints, options, and impacts for data-related decisions.
- Data governance and stewardship processes require transparency. It must be clear to all participants and auditors how and when data-related decisions and controls were introduced into the processes.
- Data-related decisions, processes, and controls subject to data governance must be auditable. They must be accompanied by documentation to support compliance-based and operational auditing requirements.
- Data governance must define who is accountable for cross-functional data-related decisions, processes, and controls.
- Data governance must define who is accountable for stewardship activities that are the responsibilities of individual contributors and groups of data stewards.
- Data governance will define accountabilities in a manner that introduces checks-and-balances between business and technology teams, and between those who create/collect information, those who manage it, those who use it, and those who introduce standards and compliance requirements.
- Data governance will introduce and support standardization of enterprise data.
- Data governance will support proactive and reactive change management activities for reference data values and the structure/use of master data and metadata.

*ODM's Response:* ODM agreed with the assessment in this recommendation that a more robust data governance structure is needed to enhance Ohio Benefits and reported that a Technical Data Governance Committee will be created by December 31, 2020. This committee will include operational, IT security and infrastructure, and governance officers and one of its first actions will be to develop data governance goals.

## 4. OB System Alerts

The OB system includes alerts that notify the counties of a potential change in customer circumstance that may impact Medicaid eligibility. This important control is not effective due to the number and duplication of the alerts being generated – in SFY2019 there were approximately 11.8 million alerts. Counties described alerts as time consuming, a low priority, out of control and a never-ending cycle. The 2019 State of Ohio Single Audit identified various system design weaknesses or defects in the OB system including multiple and repetitive alerts. The 2019 report notes that due to the system issues identified there is an increased risk that benefits paid on behalf of customers will be inaccurate or unallowable and recommended redesigning the alert process to be more effective and efficient. This could include a more centralized evaluation of alert activity and/or better use of automated tools to vet and prioritize items requiring follow-up.

In its response to the State of Ohio Single Audit, ODM indicated it is evaluating and redesigning the alert structure, improving reporting capabilities, and enhancing controls to require alerts to be addressed before benefits are calculated. In addition, ODM added 25 staff for trouble shooting and technical assistance.

We recommend ODM continue to design and implement appropriate control procedures for monitoring IEVS and non-IVES alerts generated and processed in the OB system to help ensure the counties are completing them properly and timely. These monitoring procedures should be performed frequently, include

appropriate follow up with the county if alerts are not being completed properly and timely, and be documented. Management should periodically review this documentation to ensure the control procedures are being performed as intended.

*ODM's Response:* ODM and ODJFS began meeting in April 2020 to review alerts currently generated in Ohio Benefits. Once all system alerts are reviewed, recommendations are to be presented to the vendor for system improvements. ODM indicated it will engage counties regarding improvements for alert functionality and has been in communication with its vendor to begin identifying potential solutions to identified issues.

### 5. Training Resources

Ohio is one of only 10 states that has a decentralized county or local administered program. County staff process Medicaid applications and renewals, conduct quality assurance activities, obtain documentation to support eligibility decisions, address complaints, provide information for appeals, and are the primary users of the state system used to determine eligibility for Medicaid and other public assistance programs. Ohio's use of a county administered system necessitates that a sound training program is available that meets the needs of all 85 county offices. In addition, the errors in eligibility determination identified in multiple audits and reviews and the increasing number of state hearings point to the need to further evaluate how training is being conducted and how ODM can better support the county staff in this important work.

The 2019 State of Ohio Single Audit recommended that ODM mandate initial and on-going training on the OB system to ensure staff are knowledgeable on how to collect, enter, and verify information in the system to accurately and efficiently determine Medicaid eligibility. In addition, implementing an in-depth IEVS training for county caseworkers would ensure they have the knowledge to properly document and resolve IEVS alerts generated by the OB system. In its response, ODM indicated it is working with ODJFS to develop a New User Training program along with a Train-the-Trainer program. In addition, attendance at mandatory trainings will be tracked and reported back to ODM at the caseworker level.

We recommend that ODM enhance its methods to train county staff on the OB system by better organizing information on the Ohio Benefits project website. Methods that could enhance how information is presented on the site include organizing information using drop-down menus where the most recent information is easily identified and accessible and older information archived or deleted. In addition, the training should incorporate information for effective operations of a call center. We found that the county offices are adjusting from a service delivery model in which they met face to face with customers to operating a call center. The interaction now with customers is almost all via phone or through electronic forms of communication such as emails and faxes. Counties responded in interviews that OB training could be improved by ODM offering more hands-on training and additional training resources on how to process long term care applications.

*ODM's Response:* ODM stated it will work with counties to obtain feedback and recommendations for improvements to the Ohio Benefits project website and that the new Technical Data Governance Committee will be helpful to facilitate this work.

### 6. County Models

Ohio uses a county administered process to enroll most customers in the Medicaid program. While the eligibility rules are consistent across the state and the OB system provides a statewide platform, there are differences in how counties are organized and the processes used to complete the enrollment process. See **Appendix 7** for practices implemented by the 27 counties interviewed for this audit. These differences are due to various factors such as county size, the county's participation in a CSS region, and variations in county administration and management. As a result, a customer's experience with this statewide program will vary based on county of residence. Due to issues with the OB system highlighted in this report, we were unable to draw any conclusions as to the efficiency or effectiveness of any particular model or practice at the county level.

## Ohio's Medicaid Eligibility Determination Process

We recommend that after addressing system issues, alerts, training and data governance, ODM should conduct a formal program evaluation to identify best practices regarding the models used by the counties to administer Medicaid eligibility. In ODM's 2020 CAP, ODM stated it collected best practices through visits to seven counties; however, ODM staff indicated this was an "informal process".

From interviews with counties, we found examples of different methods counties use to administer Medicaid eligibility, including casebank model, CSS call center, quality assurance to review accuracy, and different OB system and/or internally developed reports to monitor alerts, backlog, and timeliness of application and renewals. So although one practice may not be implemented the same in every county, an evaluation could give strategies for measuring the effectiveness of models and what model works best under certain circumstances.

This evaluation should address questions including:

- What are the best practices a CSS call center should use to provide customer service, accurately process Medicaid eligibility, reduce wait times and measure performance?
- Are there QA practices counties should consider to effectively reduce error rates for eligibility determinations and avoid escalation to hearing?
- What types of reports are available or are needed to effectively monitor alerts, backlog, and timeliness of processing application and renewals?
- Is the casebank model used by counties effective for processing Medicaid eligibility?

*ODM's Response:* In addition to the external review of Ohio Benefits, ODM stated it will continue to support county best practices through its training and county engagement work. ODM plans to continue this work to support the counties while it makes the system and process improvements recommended by the Auditor of State and discussed in its response. When that work is further along, ODM will determine whether a formal program evaluation to address county best practices is necessary or helpful.

***See Appendix 8 for ODM's complete response to this report.***

**Appendix 1: Medicaid Eligibility Standards (as of January 2019)<sup>12</sup>**

| <b>Category Needy - Aged, Blind and Disabled (ABD)</b> | <b>Income Standard*</b> | <b>Resource Standard</b> |
|--|-------------------------|--------------------------|
| Single   | \$771                   | \$2,000                  |
| Couple   | \$1,157                 | \$3,000                  |

\* Income standard based on the Federal Benefit Rate (FBR)

| <b>LTC (Nursing Home/Waiver)</b> | <b>Income Standard 300% (FBR)</b> | <b>Resource Standard</b> |
|----------------------------------|-----------------------------------|--------------------------|
| Special Income Level (SIL)       | \$2,313                           | * Same as ABD Category   |

\* Resource standard for Category Needy (ABD) would apply for LTC

| <b>Monthly Federal Poverty Level (FPL) Income Guidelines for MAGI Based Programs</b> |                                     |   |                         |                                    |                            |                                     |
|--|-------------------------------------|---|-------------------------|------------------------------------|----------------------------|-------------------------------------|
| <b>Family Size</b>   | <b>Individuals Age 19 or 20 44%</b> | <b>Parent or Caretaker Relative 90%</b> | <b>MAGI Adults 133%</b> | <b>Coverage for Children 156%*</b> | <b>Pregnant Women 200%</b> | <b>Coverage for Children 206%**</b> |
| 1  | \$458                               | \$937                                   | \$1,385                 | \$1,624                            | \$2,082                    | \$2,145                             |
| 2  | \$621                               | \$1,269                                 | \$1,875                 | \$2,199                            | \$2,819                    | \$2,903                             |
| 3  | \$783                               | \$1,600                                 | \$2,365                 | \$2,773                            | \$3,555                    | \$3,662                             |
| 4  | \$945                               | \$1,932                                 | \$2,854                 | \$3,348                            | \$4,292                    | \$4,421                             |
| 5  | \$1,107                             | \$2,263                                 | \$3,344                 | \$3,923                            | \$5,029                    | \$5,180                             |
| 6  | \$1,269                             | \$2,595                                 | \$3,834                 | \$4,497                            | \$5,765                    | \$5,938                             |

\*This standard is used for children without creditable insurance.

\*\*This standard is used for children with creditable insurance.

| <b>Medicare Premium Assistant Program Income Standards</b> | <b>Single</b> | <b>Couple</b> |
|--|---------------|---------------|
| Qualified Medicare Beneficiary (QMB) 100% FPL              | \$1,041       | \$1,410       |
| Specified Low-Income Medicare Beneficiary (SLIMB) 120% FPL | \$1,249       | \$1,691       |
| Qualified Individual-1 (QI-1) 135% FPL                     | \$1,406       | \$1,903       |
| Qualified Disabled and Working Individual (QDWI) 200% FPL  | \$2,082       | \$2,819       |

| <b>Medicare Premium Assistant Program Resource Standard</b> | <b>Amount</b> |
|---|---------------|
| Single  | \$11,600      |
| Couple  | \$7,730       |

| <b>Monthly FPL Income Guidelines for Premium Calculation (MBIWD) 250% FPL (\$2,603) beginning 03/01/19 to qualify for the program</b> |                   |                   |
|---|-------------------|-------------------|
| <b>Family Size</b>  | <b>MBIWD 150%</b> | <b>MBIWD 450%</b> |
| 1   | \$1,562           | \$4,684           |
| 2   | \$2,114           | \$6,342           |
| 3   | \$2,667           | \$7,999           |
| 4   | \$3,219           | \$9,657           |
| 5   | \$3,772           | \$11,314          |
| 6   | \$4,324           | \$12,972          |

<sup>12</sup> Appendix 1 focuses on standards for ABD category needy, LTC, MAGI, Medicare Premium Assistance Program and MBIWD, and would not include all income and resource standards for Other covered groups.  
**Source:** ODM.

**Appendix 2: Types of Alerts**

The following appendix describes types of alerts, how many are contained for the type, and caseworker action example<sup>13</sup>.

| <b>Type</b>               | <b>Number</b> | <b>Purpose</b>  | <b>Caseworker Action Example</b>  |
|---------------------------|---------------|---|---|
| E-Verify Interface Alerts | 44            | Alerts inform worker on updates in information for interfaces such as Bendix-SSA, PARIS, SDX-SSI.   | SDA-SSI pending medical condition alert requires worker to review pending medical condition record, verify new record, complete review history and journal entry, and clear alert.  |
| Mass Change Alerts        | 15            | Alerts generated at regular time intervals, when changes occur or action needed related to mass change. Example of alerts include document uploaded from self-service portal, notice of inter-county transfer, and pregnancy due date reminder. | The document uploaded from self-service portal requires the worker to view alerts, verify the document was uploaded, and clear the alert.   |
| Miscellaneous Alerts      | 15            | Various types of alerts of which examples include state residency fall-out and SSA death indicator.   | State residency fall-out alert requires the worker to review the residency page, add a residency record, run EDBC, and clear alert.   |
| SETS Alerts               | 14            | Alerts notify workers of updates to child support orders and information.   | The 700 paternity established alert requires the worker to review interface detail page, update absent parent record, run EDBC, create journal entry and clear alert.   |
| IEVS Alerts               | 10            | Alerts inform worker on discrepancies in income or unemployment insurance. Examples of IEVS alerts include SWICA income comparison and unemployment compensation discrepancy alert.   | SWICA unemployment compensation discrepancy requires worker check SWICA income in E-verify, income detail screen, and determine if update or additional verification is needed. Run EDBC again if necessary. Clear alert. |
| LTC Alerts                | 8             | Alerts to inform caseworkers long-term care records have been created or updated.   | The creation of long-term detail record alert requires the worker to initiate long-term financial eligibility, update LTC/additional services detail screen and clear the alert.  |
| HATSx Alerts              | 8             | Alerts notify of updates associated with hearings.  | HATSx compliance approved alert requires the worker to review compliance e-mail from HATSx, update data collection page, rerun EDBC, update   |

<sup>13</sup> Although not listed in Medicaid alerts spreadsheet, there is also a TBQ alert, which notifies a worker of updates to Medicare information has been provider through the TBQ interface and the worker would review the Medicare Detail Screen. This TBQ alert was added to TPL count in Medicaid Alerts Inventory



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| Type                    | Number | Purpose  | Caseworker Action Example  |
|-------------------------|--------|--|--|
|                         |        |  | compliance documents in HATSx, clear alert.  |
| Age related alerts      | 7      | These alerts are generated when certain different ages are reached for MAGI population to explore potential eligibility. | The customer in adult MAGI turns 65 alert requires the worker to explore eligibility options, check any pending medical conditions, resources, AVS if application, run EDBC and clear alert.                               |
| Buy-In Alert            | 5      | Alerts inform worker that buy-in has started or error or update with CMS.  | Buy-in information rejected due to error alert requires the worker check other sources of Medicare information such as Bendix, confirm information such as dates and premiums, review demographic screen, and re-run EDBC. |
| TPL Alerts              | 5      | Alerts generate notifications about third-party insurance and Medicare.  | The TPL – update to Medicare Detail alert requires the worker confirm Medicare detail screen, re-run EDBC, and check eligible and ineligible/overridden budget detail screens. Clear the alert.                            |
| Benefit Recovery Alerts | 4      | Alerts inform benefit recovery workers on updates to recovery accounts.  | The benefit recovery response deadline exceeded alert requires the worker to view alert, update status, re-run EDBC, complete journal entries and clear alert.   |
| AVS alerts              | 2      | Alerts notify workers on updates for asset detection and verification.   | The asset verification response alert requires the worker to navigate to the AVS page, review information, contact customer if necessary, update liquid resource detail page, and clear alert.                             |
| Verification alerts     | 2      | Alerts notify works when verifications are overdue.  | The verification request list items past due alert requires the worker to explore options for eligibility, review medical condition, run EDBC and clear alert.   |
| SRS Alerts              | 2      | Alerts to inform caseworkers SRS records have been created or updated.   | The SRS eligibility impact update alert requires the worker to check LTC detail/additional services screen, run EDBC and clear alert.  |
| Healthchek Alerts       | 2      | Alerts generate notifications about pregnancies  | Healthchek/PRS follow-up alert requires the worker to confirm if second attempt is made, if form not sent back by customer e-mail or call, update journal entries and clear alert.   |
| ROP alerts              | 2      | These alerts are generated through the ROP 30-day notification batch process   | The 30-day ROP 30 day reminder alert requires the worker to follow up with household according to policy,  |

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| Type   | Number | Purpose   | Caseworker Action Example   |
|--------|--------|---|---|
|        |        |   | enter data, run EDBC and clear alert.   |
| SACWIS | 2      | Alerts generated for updates in child custody status. | The child taken into custody alert requires the worker to review alert, update the data collection page, run EDBC, add journal entry and clear alert. |

**Source:** OB project website - Medicaid Alerts Spreadsheet V2.3.4 updated March 2019

**Appendix 3: Sources of Electronic Verification**

| <b>Verification Interfaces</b>   | <b>Description</b>  |
|--|---|
| Beneficiary and Earning Data Exchange (Bendex)                           | Used to verify social security numbers (SSN) and other information from SSA such as medical condition.                                  |
| Beneficiary and Earning Data Exchange (BEER)                             | Provides quarterly data such as SSNs and wage data for customers receiving Title II and Title XVI benefits.                             |
| Bureau of Vital Statistics (IPHIS)                                       | Used to verify vital statistics records, such as data of death and births.  |
| Child/Spousal Support (SETS)   | Used to verify child support and enforcement collection and payment records.  |
| Department of Rehabilitation and Correction (DRC)                        | Used to verify incarceration information and update living arrangement in OB.   |
| Department of Youth Services (DYS)                                       | Provides records on incarcerated youth.   |
| Electronic Disqualified Recipient System (eDRS)                          | Interface with data on disqualified household members receiving SNAP benefits.  |
| Enumeration Verification System (EVS)                                    | Ensures that the state of Ohio obtains valid SSNs of customers applying for federally funded income and/or health maintenance programs. |
| Public Assistance Reporting Information System (PARIS)                   | Federal database used to match information on federal wages, veterans benefits, and benefits received in another state.                 |
| Federal Office of Child Support Enforcement (National New Hire Database) | Developed to assist states in locating parents to support child support order. Contains wage and employment information.                |
| Medicaid Buy-In For Workers with Disabilities (MBIWD)                    | Interface with ODM vendor that will exchange information with MBIWD.  |
| National Crime Information Center (NCIC)                                 | Electronic database of crime data maintained by the FBI.  |
| Nurture Ohio (PRAF)  | Nurture Ohio system has pregnancy related information.  |
| State Data Exchange (SDX)SSI   | Provides benefit updates and creates e-application for customers approved for SSI.  |
| State On-Line Query (SOLQ)   | Used to verify income, SSNs, Medicare, and other information.   |
| State Verification and Exchange System (SVES)                            | Information from SSA proving verification of social security numbers and citizenship through Title II and Title IVI data.               |
| State Wage and Information Collection Agency (SWICA)                     | Used as additional income verification source, specifically regarding state earned income.  |
| Statewide Automated Child Welfare Information System (SACWIS)            | Case management system for Ohio's state and local child welfare agencies.   |
| Unemployment Compensation Benefits (UCB)                                 | Sends unemployment information to OB which will be used as a source for unearned income verification.                                   |

**Source:** OB project website

#### **Appendix 4: Ohio Benefits System Reports**

Authorized users with proper roles and responsibility have the ability to run reports in the OB system to monitor the status of applications and redeterminations for eligibility. Many of these reports can be run on-demand, while others can be scheduled, or run monthly or when a batch run is performed. Some of the county respondents indicated they use pending application reports, re-determination reports, backlog reports, delinquencies and alerts. The following list includes examples of reports available to county workers for processing eligibility determinations.

- Applicant Timeliness Report –calculates and displays the number of days it takes for an initial eligibility determination (approved/denied) for customers within a selected county for a given reporting period.
- Application Pending Report –tracks at the application level, the number of days (within a time range) that an application has been pending, and displays the total number of applications by Caseworker's Assigned County.
- County Redetermination Report –provides details about cases which are due for renewal, also called redetermination.
- No Touch - Fall Out Report –calculates and displays the total number and percent of customers that go through the No Touch process or Fall Out, as well as the total number of customers per fall out point within a specified county and reporting period.
- The Phone Applications Report –tracks pending phone applications with ODM's vendor.
- Recipients by LTC Facility Report –will show individual Medicaid customers who are located at LTC facilities.

The following state level reports are used to meet federal reporting requirements:

- a) The Medicaid Quality Control Report – this is designed to randomly sample determinations made on customers who applied for or are receiving Medicaid. This report will be used by ODM Quality Control team to fulfill federal reporting requirements.
- b) CMS Performance Indicators Report – this report provides important information to CMS that allows it to share data publicly on state program performance. Indicators include the following:
  - number of applications received;
  - number of electronic accounts transferred;
  - number of renewals;
  - total enrollment;
  - number of customers determined eligible;
  - number of customers determined ineligible;
  - number of pending applications or determinations; and
  - processing time for determinations.

**Appendix 5: Accuracy of Eligibility Determinations by County**

| <b>County</b>             | <b>Strata</b>        | <b>Customers in Strata Population</b> | <b>Total Amount Paid for Population</b> | <b>Finding Amount of Sample</b> | <b>Potential Financial Impact</b> |
|---------------------------|----------------------|---------------------------------------|---|---------------------------------|-----------------------------------|
| Butler                    | ABD                  | 12,684                                | \$52,075.02                             | \$0.00                          | \$0.00                            |
| Butler                    | CFC                  | 58,147                                | \$7,581.51                              | \$0.00                          | \$0.00                            |
| Butler                    | Group VIII Expansion | 28,054                                | \$8,660.43                              | \$0.00                          | \$0.00                            |
| Butler                    | Other                | 7,514                                 | \$196.95                                | \$0.00                          | \$0.00                            |
| <b>Butler Subtotals</b>   |                      | <b>106,399</b>                        | <b>\$68,513.91</b>                      | <b>\$0.00</b>                   | <b>\$0.00</b>                     |
| Cuyahoga                  | ABD                  | 77,109                                | \$58,346.84                             | \$0.00                          | \$0.00                            |
| Cuyahoga                  | CFC                  | 209,767                               | \$14,160.57                             | \$407.90                        | \$21,390,990.00                   |
| Cuyahoga                  | Group VIII Expansion | 124,458                               | \$4,554.31                              | \$0.00                          | \$0.00                            |
| Cuyahoga                  | Other                | 31,580                                | \$1,539.65                              | \$1,539.65                      | \$48,622,147.00                   |
| <b>Cuyahoga Subtotals</b> |                      | <b>442,914</b>                        | <b>\$78,601.37</b>                      | <b>\$1,947.55</b>               | <b>\$70,013,137.00</b>            |
| Defiance                  | ABD                  | 1,311                                 | \$11,050.13                             | \$0.00                          | \$0.00                            |
| Defiance                  | CFC                  | 5,950                                 | \$14,328.98                             | \$0.00                          | \$0.00                            |
| Defiance                  | Group VIII Expansion | 2,407                                 | \$15,813.07                             | \$0.00                          | \$0.00                            |
| Defiance                  | Other                | 839                                   | \$913.10                                | \$0.00                          | \$0.00                            |
| <b>Defiance Subtotals</b> |                      | <b>10,507</b>                         | <b>\$42,105.28</b>                      | <b>\$0.00</b>                   | <b>\$0.00</b>                     |
| Franklin                  | ABD                  | 49,911                                | \$27,206.89                             | \$0.00                          | \$0.00                            |
| Franklin                  | CFC                  | 221,417                               | \$6,712.22                              | \$1,872.72                      | \$103,663,011.00                  |
| Franklin                  | Group VIII Expansion | 95,565                                | \$9,108.13                              | \$7,072.16                      | \$225,283,657.00                  |
| Franklin                  | Other                | 35,294                                | \$8,353.43                              | \$0.00                          | \$0.00                            |
| <b>Franklin Subtotals</b> |                      | <b>402,187</b>                        | <b>\$51,380.67</b>                      | <b>\$8,944.88</b>               | <b>\$328,946,668.00</b>           |
| Hamilton                  | ABD                  | 37,052                                | \$107,802.32                            | \$0.00                          | \$0.00                            |
| Hamilton                  | CFC                  | 130,264                               | \$10,552.70                             | \$0.00                          | \$0.00                            |
| Hamilton                  | Group VIII Expansion | 67,011                                | \$8,868.46                              | \$0.00                          | \$0.00                            |
| Hamilton                  | Other                | 17,927                                | \$920.15                                | \$0.00                          | \$0.00                            |
| <b>Hamilton Subtotals</b> |                      | <b>252,254</b>                        | <b>\$128,143.63</b>                     | <b>\$0.00</b>                   | <b>\$0.00</b>                     |
| Henry                     | ABD                  | 648                                   | \$71,016.45                             | \$0.00                          | \$0.00                            |
| Henry                     | CFC                  | 2,952                                 | \$12,136.59                             | \$0.00                          | \$0.00                            |
| Henry                     | Group VIII Expansion | 1,340                                 | \$16,020.04                             | \$0.00                          | \$0.00                            |
| Henry                     | Other                | 414                                   | \$1,033.44                              | \$0.00                          | \$0.00                            |
| <b>Henry Subtotals</b>    |                      | <b>5,354</b>                          | <b>\$100,206.52</b>                     | <b>\$0.00</b>                   | <b>\$0.00</b>                     |
| Highland                  | ABD                  | 2,048                                 | \$105,702.85                            | \$0.00                          | \$0.00                            |
| Highland                  | CFC                  | 8,956                                 | \$8,668.12                              | \$0.00                          | \$0.00                            |
| Highland                  | Group VIII Expansion | 4,235                                 | \$16,998.80                             | \$0.00                          | \$0.00                            |
| Highland                  | Other                | 1,342                                 | \$44.00                                 | \$0.00                          | \$0.00                            |
| <b>Highland Subtotals</b> |                      | <b>16,581</b>                         | <b>\$131,413.77</b>                     | <b>\$0.00</b>                   | <b>\$0.00</b>                     |

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| County                      | Strata               | Customers in Strata Population | Total Amount Paid for Population | Finding Amount of Sample | Potential Financial Impact |
|-----------------------------|----------------------|--------------------------------|----------------------------------|--------------------------|----------------------------|
| Hocking                     | ABD                  | 1,359                          | \$40,252.84                      | \$0.00                   | \$0.00                     |
| Hocking                     | CFC                  | 5,820                          | \$13,629.89                      | \$0.00                   | \$0.00                     |
| Hocking                     | Group VIII Expansion | 2,911                          | \$7,556.11                       | \$0.00                   | \$0.00                     |
| Hocking                     | Other                | 818                            | \$66.14                          | \$0.00                   | \$0.00                     |
| <b>Hocking Subtotals</b>    |                      | <b>10,908</b>                  | <b>\$61,504.98</b>               | <b>\$0.00</b>            | <b>\$0.00</b>              |
| Lorain                      | ABD                  | 11,154                         | \$29,879.93                      | \$0.00                   | \$0.00                     |
| Lorain                      | CFC                  | 42,471                         | \$7,115.77                       | \$0.00                   | \$0.00                     |
| Lorain                      | Group VIII Expansion | 20,628                         | \$17,959.67                      | \$0.00                   | \$0.00                     |
| Lorain                      | Other                | 5,513                          | \$10,290.57                      | \$0.00                   | \$0.00                     |
| <b>Lorain Subtotals</b>     |                      | <b>79,766</b>                  | <b>\$65,245.94</b>               | <b>\$0.00</b>            | <b>\$0.00</b>              |
| Lucas                       | ABD                  | 26,661                         | \$46,741.06                      | \$0.00                   | \$0.00                     |
| Lucas                       | CFC                  | 79,896                         | \$21,446.83                      | \$0.00                   | \$0.00                     |
| Lucas                       | Group VIII Expansion | 39,716                         | \$12,684.50                      | \$0.00                   | \$0.00                     |
| Lucas                       | Other                | 11,907                         | \$5,978.89                       | \$0.00                   | \$0.00                     |
| <b>Lucas Subtotals</b>      |                      | <b>158,180</b>                 | <b>\$86,851.28</b>               | <b>\$0.00</b>            | <b>\$0.00</b>              |
| Mahoning                    | ABD                  | 14,168                         | \$75,787.71                      | \$0.00                   | \$0.00                     |
| Mahoning                    | CFC                  | 42,638                         | \$17,913.67                      | \$2,197.56               | \$23,424,891.00            |
| Mahoning                    | Group VIII Expansion | 25,087                         | \$11,263.20                      | \$0.00                   | \$0.00                     |
| Mahoning                    | Other                | 5,380                          | \$2,261.12                       | \$0.00                   | \$0.00                     |
| <b>Mahoning Subtotals</b>   |                      | <b>87,273</b>                  | <b>\$107,225.70</b>              | <b>\$2,197.56</b>        | <b>\$23,424,891.00</b>     |
| Monroe                      | ABD                  | 571                            | \$31,427.59                      | \$0.00                   | \$0.00                     |
| Monroe                      | CFC                  | 2,157                          | \$6,150.81                       | \$0.00                   | \$0.00                     |
| Monroe                      | Group VIII Expansion | 1,147                          | \$24,419.03                      | \$3,373.80               | \$1,289,916.00             |
| Monroe                      | Other                | 274                            | \$57.76                          | \$0.00                   | \$0.00                     |
| <b>Monroe Subtotals</b>     |                      | <b>4,149</b>                   | <b>\$62,055.19</b>               | <b>\$3,373.80</b>        | <b>\$1,289,916.00</b>      |
| Montgomery                  | ABD                  | 26,502                         | \$57,533.60                      | \$0.00                   | \$0.00                     |
| Montgomery                  | CFC                  | 89,171                         | \$5,628.60                       | \$0.00                   | \$0.00                     |
| Montgomery                  | Group VIII Expansion | 46,582                         | \$20,036.75                      | \$0.00                   | \$0.00                     |
| Montgomery                  | Other                | 14,258                         | \$1,634.55                       | \$0.00                   | \$0.00                     |
| <b>Montgomery Subtotals</b> |                      | <b>176,513</b>                 | <b>\$84,833.50</b>               | <b>\$0.00</b>            | <b>\$0.00</b>              |
| Noble                       | ABD                  | 471                            | \$48,136.48                      | \$0.00                   | \$0.00                     |
| Noble                       | CFC                  | 1,795                          | \$6,274.68                       | \$0.00                   | \$0.00                     |
| Noble                       | Group VIII Expansion | 1,005                          | \$15,118.28                      | \$0.00                   | \$0.00                     |
| Noble                       | Other                | 276                            | \$734.80                         | \$367.40                 | \$101,402.00               |
| <b>Noble Subtotals</b>      |                      | <b>3,547</b>                   | <b>\$70,264.24</b>               | <b>\$367.40</b>          | <b>\$101,402.00</b>        |
| Paulding                    | ABD                  | 551                            | \$35,702.55                      | \$0.00                   | \$0.00                     |
| Paulding                    | CFC                  | 2,644                          | \$15,555.04                      | \$1,591.11               | \$1,051,724.00             |

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| County                    | Strata               | Customers in Strata Population | Total Amount Paid for Population | Finding Amount of Sample | Potential Financial Impact |
|---------------------------|----------------------|--------------------------------|----------------------------------|--------------------------|----------------------------|
| Paulding                  | Group VIII Expansion | 1,064                          | \$22,291.68                      | \$3,833.61               | \$1,359,654.00             |
| Paulding                  | Other                | 390                            | \$8,814.60                       | \$0.00                   | \$0.00                     |
| <b>Paulding Subtotals</b> |                      | <b>4,649</b>                   | <b>\$82,363.87</b>               | <b>\$5,424.72</b>        | <b>\$2,411,378.00</b>      |
| Pike                      | ABD                  | 2,109                          | \$24,851.16                      | \$0.00                   | \$0.00                     |
| Pike                      | CFC                  | 7,206                          | \$10,724.15                      | \$0.00                   | \$0.00                     |
| Pike                      | Group VIII Expansion | 3,686                          | \$16,078.87                      | \$0.00                   | \$0.00                     |
| Pike                      | Other                | 1,007                          | \$1,595.83                       | \$0.00                   | \$0.00                     |
| <b>Pike Subtotals</b>     |                      | <b>14,008</b>                  | <b>\$53,250.01</b>               | <b>\$0.00</b>            | <b>\$0.00</b>              |
| Preble                    | ABD                  | 1,239                          | \$15,190.53                      | \$0.00                   | \$0.00                     |
| Preble                    | CFC                  | 6,122                          | \$6,239.46                       | \$0.00                   | \$0.00                     |
| Preble                    | Group VIII Expansion | 2,967                          | \$12,406.56                      | \$0.00                   | \$0.00                     |
| Preble                    | Other                | 846                            | \$75.05                          | \$0.00                   | \$0.00                     |
| <b>Preble Subtotals</b>   |                      | <b>11,174</b>                  | <b>\$33,911.60</b>               | <b>\$0.00</b>            | <b>\$0.00</b>              |
| Ross                      | ABD                  | 4,756                          | \$76,397.95                      | \$0.00                   | \$0.00                     |
| Ross                      | CFC                  | 17,523                         | \$13,731.38                      | \$1,296.29               | \$5,678,722.00             |
| Ross                      | Group VIII Expansion | 8,655                          | \$24,682.04                      | \$1,793.23               | \$3,880,101.00             |
| Ross                      | Other                | 2,385                          | \$15,345.85                      | \$0.00                   | \$0.00                     |
| <b>Ross Subtotals</b>     |                      | <b>33,319</b>                  | <b>\$130,157.22</b>              | <b>\$3,089.52</b>        | <b>\$9,558,823.00</b>      |
| Sandusky                  | ABD                  | 1,952                          | \$25,047.97                      | \$0.00                   | \$0.00                     |
| Sandusky                  | CFC                  | 8,350                          | \$14,367.68                      | \$0.00                   | \$0.00                     |
| Sandusky                  | Group VIII Expansion | 3,696                          | \$13,387.16                      | \$0.00                   | \$0.00                     |
| Sandusky                  | Other                | 1,682                          | \$841.97                         | \$0.00                   | \$0.00                     |
| <b>Sandusky Subtotals</b> |                      | <b>15,680</b>                  | <b>\$53,644.78</b>               | <b>\$0.00</b>            | <b>\$0.00</b>              |
| Seneca                    | ABD                  | 1,859                          | \$36,372.76                      | \$0.00                   | \$0.00                     |
| Seneca                    | CFC                  | 8,088                          | \$5,479.23                       | \$449.30                 | \$908,485.00               |
| Seneca                    | Group VIII Expansion | 3,552                          | \$5,545.88                       | \$0.00                   | \$0.00                     |
| Seneca                    | Other                | 1,124                          | \$870.25                         | \$0.00                   | \$0.00                     |
| <b>Seneca Subtotals</b>   |                      | <b>14,623</b>                  | <b>\$48,268.12</b>               | <b>\$449.30</b>          | <b>\$908,485.00</b>        |
| Stark                     | ABD                  | 15,931                         | \$24,523.10                      | \$0.00                   | \$0.00                     |
| Stark                     | CFC                  | 54,158                         | \$8,920.73                       | \$0.00                   | \$0.00                     |
| Stark                     | Group VIII Expansion | 28,172                         | \$5,753.02                       | \$0.00                   | \$0.00                     |
| Stark                     | Other                | 8,373                          | \$86,259.95                      | \$0.00                   | \$0.00                     |
| <b>Stark Subtotals</b>    |                      | <b>106,634</b>                 | <b>\$125,456.80</b>              | <b>\$0.00</b>            | <b>\$0.00</b>              |
| Summit                    | ABD                  | 24,230                         | \$43,722.17                      | \$2,021.81               | \$12,247,114.00            |
| Summit                    | CFC                  | 78,290                         | \$10,719.48                      | \$0.00                   | \$0.00                     |
| Summit                    | Group VIII Expansion | 46,691                         | \$6,590.61                       | \$0.00                   | \$0.00                     |

## Ohio's Medicaid Eligibility Determination Process

| County                      | Strata               | Customers in Strata Population | Total Amount Paid for Population | Finding Amount of Sample | Potential Financial Impact |
|-----------------------------|----------------------|--------------------------------|----------------------------------|--------------------------|----------------------------|
| Summit                      | Other                | 9,986                          | \$9,131.06                       | \$0.00                   | \$0.00                     |
| <b>Summit Subtotals</b>     |                      | <b>159,197</b>                 | <b>\$70,163.32</b>               | <b>\$2,021.81</b>        | <b>\$12,247,114.00</b>     |
| Trumbull                    | ABD                  | 10,019                         | \$118,431.81                     | \$0.00                   | \$0.00                     |
| Trumbull                    | CFC                  | 33,932                         | \$8,207.30                       | \$0.00                   | \$0.00                     |
| Trumbull                    | Group VIII Expansion | 19,350                         | \$14,051.15                      | \$0.00                   | \$0.00                     |
| Trumbull                    | Other                | 4,677                          | \$12,604.03                      | \$0.00                   | \$0.00                     |
| <b>Trumbull Subtotals</b>   |                      | <b>67,978</b>                  | <b>\$153,294.29</b>              | <b>\$0.00</b>            | <b>\$0.00</b>              |
| Tuscarawas                  | ABD                  | 3,528                          | \$31,313.61                      | \$0.00                   | \$0.00                     |
| Tuscarawas                  | CFC                  | 12,446                         | \$6,179.90                       | \$0.00                   | \$0.00                     |
| Tuscarawas                  | Group VIII Expansion | 5,970                          | \$14,591.20                      | \$3.23                   | \$6,428.00                 |
| Tuscarawas                  | Other                | 2,192                          | \$93.14                          | \$0.00                   | \$0.00                     |
| <b>Tuscarawas Subtotals</b> |                      | <b>24,136</b>                  | <b>\$52,177.85</b>               | <b>\$3.23</b>            | <b>\$6,428.00</b>          |
| Vinton                      | ABD                  | 783                            | \$38,837.03                      | \$0.00                   | \$0.00                     |
| Vinton                      | CFC                  | 3,174                          | \$4,763.50                       | \$0.00                   | \$0.00                     |
| Vinton                      | Group VIII Expansion | 1,559                          | \$15,673.88                      | \$8,609.04               | \$4,473,831.00             |
| Vinton                      | Other                | 365                            | \$12.45                          | \$0.00                   | \$0.00                     |
| <b>Vinton Subtotals</b>     |                      | <b>5,881</b>                   | <b>\$59,286.86</b>               | <b>\$8,609.04</b>        | <b>\$4,473,831.00</b>      |
| Williams                    | ABD                  | 1,101                          | \$47,907.89                      | \$0.00                   | \$0.00                     |
| Williams                    | CFC                  | 5,558                          | \$6,135.47                       | \$1,172.20               | \$1,628,772.00             |
| Williams                    | Group VIII Expansion | 2,454                          | \$5,742.52                       | \$0.00                   | \$0.00                     |
| Williams                    | Other                | 767                            | \$21.48                          | \$0.00                   | \$0.00                     |
| <b>Williams Subtotals</b>   |                      | <b>9,880</b>                   | <b>\$59,807.36</b>               | <b>\$1,172.20</b>        | <b>\$1,628,772.00</b>      |
| Wyandot                     | ABD                  | 669                            | \$74,231.23                      | \$1,534.36               | \$256,622.00               |
| Wyandot                     | CFC                  | 2,535                          | \$7,846.26                       | \$0.00                   | \$0.00                     |
| Wyandot                     | Group VIII Expansion | 1,095                          | \$7,156.87                       | \$0.00                   | \$0.00                     |
| Wyandot                     | Other                | 374                            | \$4,108.82                       | \$0.00                   | \$0.00                     |
| <b>Wyandot Subtotals</b>    |                      | <b>4,673</b>                   | <b>\$93,343.18</b>               | <b>\$1,534.36</b>        | <b>\$256,622.00</b>        |
| <b>Total All Counties</b>   |                      | <b>2,228,364</b>               | <b>\$2,153,471.24</b>            | <b>\$39,135.37</b>       | <b>\$455,267,467.00</b>    |

**Source:** Quality Decision Support System<sup>14</sup> for number of customers in each strata; MITS for payment information; overpayments based on ineligible customers for ineligible months in samples

<sup>14</sup> The Quality Decision Support System is software program used by the state for the enterprise-wide analysis of the Ohio Medicaid program.



**Appendix 6: Data for the 27 Sampled Counties**

| <b>County</b>           | <b>Medicaid Enrollment<br/>(Enrollment as<br/>Percent of<br/>County<br/>Population)</b> | <b>Applications</b> | <b>Renewals</b> | <b>Alerts</b> | <b>Total<br/>Applications on<br/>July 1, 2019<br/>(Percent<br/>Pending More<br/>than 45 days)</b> |
|-------------------------|---|---------------------|-----------------|---------------|---|
| Butler                  | 84,220 (22%)  | 35,481              | 17,195          | 334,273       | 3,167 (66%)   |
| Cuyahoga                | 372,497 (30%)   | 147,068             | 62,396          | 1,547,256     | 6,683 (36%)   |
| Defiance/<br>Paulding   | 11,306 (20%)  | 4,111               | 4,203           | 46,417        | 301 (67%)   |
| Franklin                | 329,037 (25%)   | 136,047             | 47,721          | 1,461,088     | 7,277 (31%)   |
| Hamilton                | 201,009 (25%)   | 89,272              | 60,618          | 808,687       | 3,094 (35%)   |
| Henry                   | 4,085 (15%)   | 1,907               | 1,326           | 17,505        | 54 (19%)  |
| Highland                | 13,031 (30%)  | 4,248               | 3,349           | 56,171        | 328 (52%)   |
| Hocking/<br>Ross/Vinton | 36,686 (31%)  | 12,274              | 11,846          | 156,746       | 617 (46%)   |
| Lorain                  | 63,708 (21%)  | 25,058              | 20,452          | 281,212       | 1,660 (38%)   |
| Lucas                   | 130,895 (30%)   | 46,577              | 25,576          | 548,049       | 4,071 (64%)   |
| Mahoning                | 73,235 (32%)  | 21,253              | 17,095          | 299,186       | 2,056 (72%)   |
| Monroe                  | 3,404 (25%)   | 945                 | 1,249           | 11,825        | 62 (69%)  |
| Montgomery              | 143,135 (27%)   | 68,443              | 30,939          | 638,251       | 6,279 (60%)   |
| Noble                   | 2,708 (19%)   | 922                 | 1,116           | 10,452        | 30 (47%)  |
| Pike                    | 10,627 (38%)  | 3,582               | 3,830           | 46,086        | 109 (7%)  |
| Preble                  | 8,651 (21%)   | 2,906               | 3,325           | 34,542        | 90 (16%)  |
| Sandusky                | 12,292 (21%)  | 7,055               | 4,025           | 60,096        | 224 (20%)   |
| Seneca                  | 11,393 (21%)  | 4,807               | 3,231           | 48,150        | 131 (15%)   |
| Stark                   | 86,725 (23%)  | 33,305              | 27,225          | 388,400       | 1,107 (19%)   |

# Ohio's Medicaid Eligibility Determination Process

| County     | Medicaid Enrollment<br>(Enrollment as Percent of County Population) | Applications | Renewals | Alerts    | Total Applications on July 1, 2019<br>(Percent Pending More than 45 days) |
|------------|---|--------------|----------|-----------|---|
| Summit     | 130,201 (24%)   | 46,364       | 35,431   | 581,849   | 2,482 (35%)   |
| Trumbull   | 55,242 (28%)  | 20,024       | 16,111   | 239,966   | 994 (49%)   |
| Tuscarawas | 19,089 (21%)  | 9,590        | 6,421    | 89,248    | 292 (27%)   |
| Williams   | 7,396 (20%)   | 4,064        | 1,807    | 32,701    | 108 (8%)  |
| Wyandot    | 3,594 (16%)   | 1,698        | 1,156    | 16,148    | 40 (25%)  |
| Totals     | 1,814,166 (26%)   | 727,001      | 407,643  | 7,754,304 | 41,256 (46%)  |

**Sources:** ODAS for applications and alerts; ODM for Medicaid enrollment and applications in process

**Appendix 7: Practices Implemented by the 27 Sampled Counties**

| <b>County</b>           | <b>Case Assignment Process</b>  | <b>QA and Productivity Standards</b>  | <b>Training - New Hires</b>  |
|-------------------------|---|---|--|
| Butler                  | case load   | pay for performance model, QA pull cases to review  | uses peer support and monitoring, first 90 days reduced intake   |
| Cuyahoga                | casebank  | review 2 cases per worker per month   | onboarding, shadowing, 98% accuracy standard   |
| Defiance/<br>Paulding   | initial applications round robin then case load   | QA review   | uses mentoring then are given a caseload   |
| Franklin                | 2 large casebanks & smaller bank for specialized cases  | on phone 4 hours/day; process 6 calls and 10 touches on cases per day; supervisors review cases                               | 12-week program: on-the-job and classroom, review until 10 cases in a row are error free                               |
| Hamilton                | casebank - assigned to worker until complete then back to bank                                | supervisors review 5 cases per month, benchmark - 12 renewals per day   | observed by supervisors; initially 100% review   |
| Henry                   | case load; new applications assigned round robin  | cases reviewed during complaint process, QA review on new hires   | on the job and one on one, observe interactions  |
| Highland                | casebank- assigned round robin  | 3 intakes day per worker  | mentoring, use ODM training materials and job aides  |
| Hocking/<br>Ross/Vinton | casebank except LTC   | QA selects 5 cases per worker per month   | classroom training 8-12 weeks then mentoring or shadowing, 100% case check   |
| Lorain                  | casebank except LTC   | supervisors review 35 cases per month (3 per worker), expected error rate of 10-15%   | train internally - groups of 6 - 8. Review 100% through most of probation  |
| Lucas                   | casebank  | QA reviews 2 cases per month per worker   | 4-8 weeks training, classroom, and OJT   |
| Mahoning                | casebank  | every caseworker reviewed weekly  | 9 month training   |
| Monroe                  | casebank  | no formal QA; reviews based on supervisor case load   | mentoring; team determine when ready to perform independently  |
| Montgomery              | caseloads round robin distribution specialized unit uses hybrid of mini casebank and caseload | 12 cases quarterly by supervisors and team leads for accuracy and timeliness; for new or promoted staff - 3 levels of reviews | 10-11 weeks of classroom then job shadowing, on the job training, independent casework and 3 levels of QA case reviews |

Ohio's Medicaid Eligibility Determination Process

| County     | Case Assignment Process  | QA and Productivity Standards  | Training - New Hires   |
|------------|--|--|--|
|            |  |  | (additional training for specialized units)  |
| Noble      | casebank   | supervisor checks while resolving case issues  | no formal training   |
| Pike       | round robin, case load   | supervisory reviews  | training manual, supervisors train employees   |
| Preble     | round robin, casebank  | no formal QA; work alerts and help with hearings   | CSS has a training group   |
| Sandusky   | casebank   | reviewer randomly selects cases on a monthly basis new hires reviewed for accuracy for the first year                            | 6 -8 weeks with the new hire (includes bookwork, hands on practice and observation), 96% accuracy standard |
| Seneca     | round robin, case load   | lead reviews 2 cases per worker per week, 90% accuracy; 95% timeliness   | no formal process / packet of information and interview template   |
| Stark      | casebank (units have bank and a main bank for cases in between needed actions) | 4 cases per month per employee reviewed, new hires expectation is 90% accuracy   | classroom based training/ testing/ quality reviews   |
| Summit     | casebank, LTC case load  | spot check phone records and reports, QA review 15 CM1 cases per month, till 80% accuracy; 50 CM2 cases till 80% accuracy        | 12 weeks; LTC additional 4-6 weeks; Trainers mentor as begin processing cases                              |
| Trumbull   | casebank with alpha & numerical rotation                                       | QA reviews random sample of cases; errors to supervisor, monthly report  | classroom for 4.5 months learning all programs then 4.5 months OJT training; reviews all cases             |
| Tuscarawas | casebank except specialized units  | QC reviews state hearing cases, supervisor reviews apps on 30 day list; EDMS workers are expected to review 24 documents per day | 4-6 months; trainer determines when ready to begin processing cases  |
| Williams   | round robin, case load   | supervisors review cases on an as needed basis   | no formal process; front desk is 3 to 4 weeks ; caseworkers is 6 to 8 months                               |
| Wyandot    | round robin, case load   | 2 cases per caseworker per month   | no program for training - try to hire from other counties  |

**Source:** AOS interviews with 27 counties

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## Department of Medicaid

**Mike DeWine**, Governor  
**Jon Husted**, Lt. Governor

**Maureen M. Corcoran**, Director

November 9, 2020

Keith Faber, Auditor of State of Ohio  
*Attn: Kristi Erlewine, Chief Auditor*  
Medicaid/Contract Audit Section  
88 East Broad Street, 4<sup>th</sup> Floor  
Columbus, Ohio 43215

Dear Auditor Faber:

Thank you for the opportunity to respond to the draft report issued by the Auditor of State regarding the review of the Medicaid Eligibility Determination Process. The Ohio Department of Medicaid's (ODM) offers the following response.

### **PART I: BACKGROUND**

#### **A. INTRODUCTION**

Ohio Benefits (OB) is a system used by the Ohio Department of Medicaid and the Ohio Department of Job and Family Services (ODJFS) to manage healthcare, childcare, food and cash benefits for eligible Ohioans. As a system, Ohio Benefits is intended to centralize enrollment and benefits administration, simplifying the application process for consumers seeking assistance across multiple benefit programs. The centralized solution also provided administrative efficiencies to the state and its county partners.

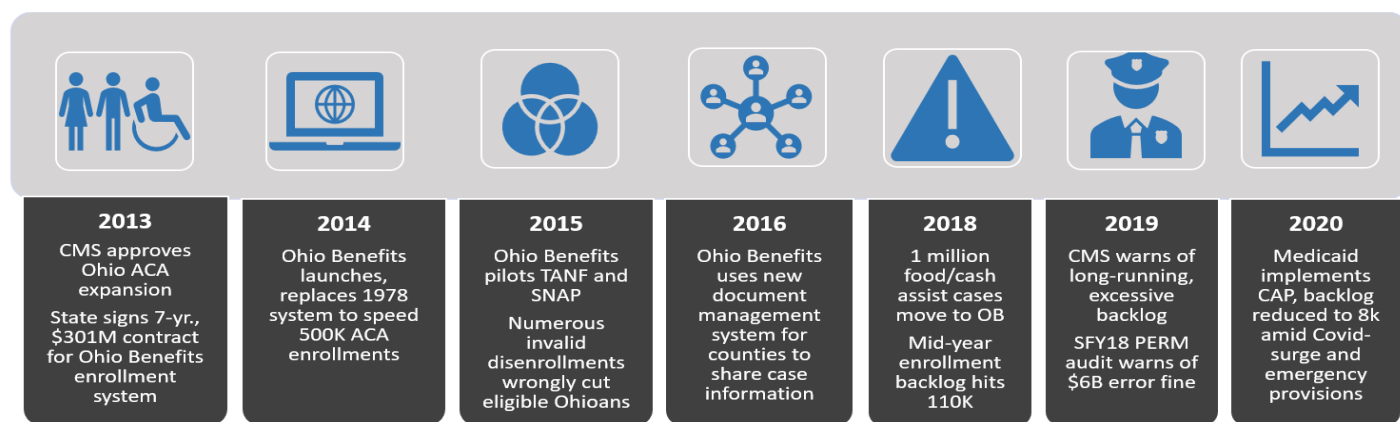
Within the first week of taking office, CMS notified Director Maureen Corcoran that the eligibility backlog in Ohio, which included over 53,000 applications not processed 45 days after submission, was unacceptable and longstanding, requiring the federal agency to take further action. CMS released another audit—the Payment Error Rate Measurement (PERM) audit for state fiscal year 2018 (July 1, 2017 – June 30, 2018) that revealed significant issues with OB and Medicaid's eligibility processes. Fortunately, ODJFS programs, such as SNAP and TANF, do not appear to be experiencing the difficulties encountered by Medicaid within Ohio Benefits.

The PERM audit showed Ohio as performing among the worst in its class with Overall Payment Error Rates of 44.28% for the Medicaid population and 55.41% for the Children's Health Insurance Program (CHIP) population. These error rates are not necessarily overpayments.

Rather, they classify transactions that lack the statutory, regulatory, administrative, or other legally applicable requirements that results from missing or partial documentation and record-keeping, data entry error, and the like. They may represent overpayments or underpayments. Along with other operational concerns, these eligibility issues were identified in a year-end report from Director Corcoran to Governor DeWine dated January 13, 2020.

While working to immediately address the situation, ODM discovered that many of the PERM audit errors were caused by process and information technology system defects in the OB system, which manages online applications for various benefits, including Medicaid eligibility. System defects included unintended data overrides, peculiar data overwriting problems, untraceable decision making related to eligibility determinations, and an overwhelming number of alerts. Alerts – an automated electronic signal generated by the system to notify caseworkers of an exception – are intended to quickly and easily gain the attention of county caseworkers of a potential change in a recipient’s circumstance that may impact her Medicaid eligibility. The defects, innumerable alerts, and the host of manual “work-arounds” related to known defects created enhanced risk of eligibility-documentation error and added substantial time to day-to-day program operations for case workers.

The following is a brief chronology of the development of the Ohio Benefits system. ODM is not diminishing the importance of the findings identified in the AOS audit report. We appreciate the report acknowledging the complexity of Ohio’s system – indeed the complexity of *any* state Medicaid eligibility system. We also welcome comments recognizing ODM’s attention to and progress with improvements to the system.



ODM is committed to improving and repairing the overall eligibility process. It introduced extensive remediation efforts to correct errors within the OB system, a robust training program to improve data accuracy and compliance with county caseworkers, and formalized a multi-agency workgroup to align resources and vendors and correct high-impact system flaws contributing to excessive backlogs and errors.

## **B. ODM WORK COMPLETED AND PLANNED**

ODM developed and began implementing corrective action plans (CAP) in response to the PERM and Single State Audits. Regular interagency leadership meetings are ongoing. ODM's corrective actions include county caseworker training, OB system improvements, issues monitoring, and reporting. These efforts will improve service to individuals, increase the accuracy of ODM's Medicaid eligibility determinations, and provide more accountability for taxpayer dollars.

ODM created a new web application to track and report eligibility error trends identified by its Medicaid Eligibility Quality Control unit, increased training and engagement of county partners, and issued an RFP for a technical and code review of OB.

### **Strengthening county partner training and engagement for Income and Eligibility Verification System (IEVS) Monitoring.**

ODM made improvements to IEVS monitoring through process changes and new training for counties. The Ohio Department of Job and Family Services (ODJFS) leads training curriculum and development. The agency also updated its IEVS processing guide. This training reached county departments of job and family services (CDJFS) on October 20, with a repeat session held October 28.

ODJFS currently reviews IEVS processing completed by the CDJFSs through a formal triad review process that examines three areas—claims management and recipient integrity; IEVS alert processing; and federal tax information safeguards—that interact directly and reciprocally with another.

ODM's Eligibility Compliance office meets monthly with ODJFS to review these reports and share results with ODM's County Engagement team. Additionally, ODM's Medicaid Eligibility and Quality Control (MEQC) unit will continue to review IEVS processing in its eligibility reviews and whether the alert was processed timely. Findings are shared with the counties that processed the application, and with ODM's Eligibility Compliance and County Engagement sections.

### **Redesigning the alert process.**

The Ohio Benefits systems was designed to administratively streamline decision making to simplify the user experience and safeguard against caseworker errors. Alerts were incorporated in the architecture to proactively notify caseworkers of potential mistakes, data discrepancies or pending timelines as a means to strengthen eligibility oversight and controls. For example, an alert can notify a caseworker when a beneficiary has a change in circumstance that may affect his/her eligibility. Though the feature is valuable in notifying workers of significant life changes, such as births or deaths, or a resident's moves to another state, the system generates an inordinate volume of alerts that caseworkers find difficult to manage.



- ODM and ODJFS began meeting bi-weekly in April 2020 to review every alert generated in Ohio Benefits to determine what information is communicated, how often the alert is generated, whether the alert was customized for Ohio's programs, and any state and federal mandates govern the frequency and nature of alert requirements. Analysis prioritizes high volume alerts, errors or defects for upcoming releases. Once all system alerts are evaluated, the group will present recommendations for vendor corrective action. During this process, ODM communicates discoveries to the vendor, enabling it to investigate and implement fixes when possible. As an example, a county workgroup request to remove outstanding alerts on closed cases was addressed and enhanced to automatically clear alerts for denied and discontinued Medicaid blocks without losing the record of the alert. This functionality was implemented in Release (R) 3.6.3 (August 2020).
- ODM improved the visibility of alerts for caseworkers through several system enhancements; allowing them to more quickly address potential changes in an individual's eligibility. In R3.6.3 (August 2020) the vendor introduced a new Alert and Task dashboard to the Case Summary page enabling caseworkers to identify pending and overdue alerts quickly and easily. The dashboard also provides hyperlinks to alerts that need worked to expedite caseworker review and response. Seventeen corrections to defects associated with alert functionality are complete and new alert reports have been developed and piloted with several counties. ODM is working with the Ohio Department of Administrative Services (DAS) to make these reports available to all 88 counties.
- ODM and ODJFS are evaluating the feasibility of enhancing Ohio Benefits to force alerts to be worked before the Eligibility Determination and Benefit Calculation (EDBC) is run. Many alerts are shared and contain information requiring follow-up but may delay eligibility determination with other benefit programs. The joint workgroup will assess possible system enhancements while remaining compliant with CMS, United States Department of Agriculture (USDA) Food and Nutrition Service (FNS), Ohio Administrative Code (OAC) and Ohio Revised Code (ORC) requirements.

ODM also works with DAS and its contractor to strategically schedule system improvements in Ohio Benefits, sorting each by functional group. Alerts are prioritized by functional group 1(b) as described below.

#### **Prioritizing efforts to remedy issues within the OB system.**

ODM incorporated the recommendations provided by the Auditor of State (AOS) in our Single State Audit into our system corrections plan. ODM also worked with the vendor for capacity planning to determine implementation fixes, record corrections made, and provide insight into upcoming enhancements planned for release.

ODM strengthened the approach to prioritize and include defects and enhancements in periodic updates of OB. The new approach classifies all changes based on functional areas. This allows the team to evaluate defects in relation to the broader system implications rather than as separate,

unrelated changes. This approach allows ODM to group all related defects or enhancements together in targeted releases. Functional areas are identified by impact on eligibility, as follows:

- 1a. Eligibility Rules
- 1b. Alerts
- 1c. Overwrites and View History
2. Renewals (Passive and Manual)
3. Change Reporting
4. Self-Service Portal
5. Notices
6. Document Management EDMS
7. County Shared Services/Interactive Voice Response
8. Signatures for Renewals
9. Electronic Verification Audit Trail
10. No Touch Initial Application
11. Reporting

This approach enabled defect corrections and system enhancements to be implemented in the last four releases (R3.6 April 2020; R3.6.1 May 2020; R3.6.2 July 2020; R3.6.3 August 2020). The chart at the bottom of page 8 shows the functional areas where the defect corrections and enhancements have occurred.

#### **Contracting an independent vendor to strengthen system assessments.**

In November 2019, ODM collaborated with DAS and ODJFS to develop a request for proposal (RFP) for a third-party vendor assessment to identify the root cause of underlying problems previously identified. The review will evaluate the design and code of the system and identify issues which may cause risk to performance, capacity, master data management and/or data integrity. The vendor will complete an in-depth data model review of the system and its component databases, including business intelligence, operational data store, and the master client index functions. Also, an in-depth review of project management, operational workflows and hardware infrastructure will be assessed. Once complete, ODM will evaluate the findings and take action as needed should results show a correlation between system performance and the effectiveness of ODM's Independent Verification and Validation vendor.

The RFP was posted in September 2020, and upon completion of the procurement process, the awarded vendor will be onboarded with tentative project timeline of March 2021 – June 2022. During the project time period, recurring meetings will be held with the vendor, ODM, ODJFS, and DAS and reports provided related to the assessment, and its findings. The state agencies will use this information to determine the stability, gaps, and proposed improvements of the system.

### Improving eligibility training and technical assistance.

ODM provides and will continue to provide new worker training for all Medicaid programs, including long-term care. ODM, in collaboration with ODJFS, created a statewide Medicaid, SNAP, TANF (MST) New Worker Training. This training is offered quarterly and is currently delivered virtually until in-person training held regionally can resume. The training covers program policy and system basics for new workers for all three programs.

|    |   |
|----|---|
| 45 | New virtual training sessions introduced for all county workers |
| 44 | Virtual training sessions are available on demand               |
| 3  | Average number of trainings held for each county office         |

Separately, a Medicaid Long-Term Care training has been developed for workers new to long-term care. The pilot class was launched in October 2020 virtually for a one-week instructor-led session. Material for both trainings is maintained and facilitated by ODM and ODJFS, but once in-person sessions can resume, the training will be presented by existing county trainers in regionally located CDJFS offices. ODM and ODJFS provide ongoing policy and technical support for the sessions.

Ohio has completed some enhanced technical assistance and training to all 88 counties on a variety of joint system and policy topics as identified by the Auditor of State, with more planned in the coming months. Most trainings will be presented again once the public health emergency ends. Topics include:

1. Income processing procedures
2. Resource processing
3. Categorically needy processing checklist
4. Alert processing and prioritization
5. Common Medicaid household formation errors including proper completion of tax filing details

Attachment A to this response provides further detail of all trainings provided by ODM to the CDJFS contacts since June 2019.

The ODM Compliance Unit works with counties weekly to address application intake and renewal backlogs.

Beginning May 21, 2019, ODM started an initiative to support counties with the highest number of past due applications. This effort included weekly phone calls with the specified counties to:

- Identify ways to reduce application backlogs
- Troubleshoot applications that had system issues
- Review emerging and outstanding policy questions

Additionally, each county receives weekly reports identifying past due applications. Phone calls with counties continued through February 2020 but were paused as COVID-related work demands took priority.

Nevertheless, despite the public health emergency, weekly reports identifying backlog applications continued to be sent to counties. This initiative resulted in a significant improvement in Ohio's application timeliness. On January 7, 2019, Ohio had 53,392 Medicaid applications pending for more than 45 days. On October 26, 2020, that number has been reduced to 6,109 applications pending for more than 45 days.

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#### **Progress Made**

*On Jan. 7, 2019, Ohio had 53,392 Medicaid applications pending for more than 45 days. On Oct. 26, 2020, that number had been reduced to 6,109 applications pending for more than 45 days.*

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On March 2, 2020, ODM changed the focus of its efforts from pending applications to pending renewals and started a new initiative to support counties with the highest number of past-due renewals. Weekly phone calls with the specified counties identified ways to reduce their renewal backlogs and troubleshoot cases with system issues or outstanding policy questions. In addition to weekly reports, counties received reports identifying past-due renewals. Due to the COVID-19 public health emergency, weekly phone calls with counties regarding renewals were suspended from April 2020 through September 2020 as renewal processing had been suspended in keeping with CMS's requirements for receiving enhanced federal funding during the crisis. Weekly reports continued to be sent and the full effort resumed in October.

As part of this effort, ODM's Central Processing Unit is reviewing the oldest pending applications to identify next steps to complete the eligibility determination. This information is shared with the county to aid with processing.

#### **Improving county relationships and promoting best practices.**

To build stronger relationships with the CDJFS agencies, ODM created a County Engagement unit in March 2020. This unit consists of five engagement managers assigned to approximately 17 counties each. The managers act as the county's primary point of contact and direct inquiries, suggestions, or issues from the county to the appropriate contacts within ODM. They also answer detailed and case-specific policy and system questions and follow unresolved system problems through appropriate escalations to ensure satisfactory and timely resolutions.

Engagement managers meet quarterly with all 88 counties to discuss a variety of topics, including identifying issues or barriers with determining eligibility, reviewing application/renewal timeliness reports, discussing any backlogs, identifying best practices the county may have to share with other county agencies as well as current hot topics and walk-on items. In addition, for Medicaid eligibility-related issues, engagement managers provide hyper-care support services following technical assistance training, as requested. To date, most engagement managers have contact with each of their counties on a weekly basis by phone or email and maintain an open line of communication.

**ODM is improving the way the MEQC unit works with other program areas to proactively identify and remedy eligibility issues.**

ODM's MEQC unit in the Bureau of Program Integrity reviews a broad spectrum of new cases and works in tandem with the ODM County Technical Assistance Unit to identify common caseworker errors, address trending system anomalies and errors, and identify training needs quickly. Additionally, as mentioned above, ODM's MEQC unit worked with ODM Information Technology Services group to build an online application to effectively review and report eligibility error trends internally and to county partners. The MEQC unit began assisting with Medicaid application processing at the start of the public health emergency but in October, the group started reviewing cases and reporting quarterly to ODM's Technical Assistance Unit regarding errors identified. This work allows ODM and the CDJFSs to analyze error trends and continue to identify system fixes or training needs to address those errors.

In 2019, ODM invited several experienced county workers to meet with ODM and discuss their concerns with Ohio Benefits. The county workers spent time walking through eligibility processing and explained common issues that they encountered while processing applications. They explained that system issues created the need for time-consuming manual "work arounds." ODM was able to learn from this meeting and to use the expressed concerns to understand and focus on areas of remediation.

With this work in mind, ODM responds to the Auditor of State's recommendations below.

## **PART II: ODM RESPONSES TO THE AUDITOR OF STATE RECOMMENDATIONS**

### **RECOMMENDATION 1 (OB SYSTEM)**

We recommend that ODM implement the corrective action steps identified in its response to the 2019 audit and release progress reports on system and process improvements and issues impacting Medicaid eligibility; and ODM ensure that this review include an evaluation of the effectiveness of the identified corrective action steps, as ODM has indicated that it will be contracting for an external review of the system.

### **MANAGEMENT RESPONSE**

#### **Status Updates**

ODM provides status updates system and process improvements in OB to stakeholders through multiple venues. These include:

- Daily – Status emails are sent to all users of the system if there are any issues with the system including CSS/IVR, EDMS and/or Ohio Benefits.
- Weekly – Status Report and meeting managed by the vendor with representation from all vendors for the Ohio Benefits Program, DAS, ODJFS and ODM that reports the status of releases as well as the health of the system. This report is shared with our CMS representative also.
- Release Notes – Sent to all users of the system after changes to the system are implemented. The Release Notes include added/changed functionality, defect fixes and impacted work arounds.
- Operational Webinars – held twice monthly and include system updates or awareness issues for county workers, including training on system functionality. The Operational Support teams from ODJFS and ODM also hold Microsoft Teams events for system releases prior to go-live. Additional Teams events are added as needed for in-depth topics.
- Monthly status reports are created specifically for ODM's CMS representative that summarizes the status of all releases as well as any special projects, i.e. COVID-19.
- Corrective Action Plans – Provide remediation updates on previous audit findings to CMS, U.S. Department of Health and Human Services Office of Inspector General (HHS/OIG), and AOS on a regular basis.

## **Communication: ODM 2019 Year-End Memo to Governor DeWine and Submission of CMS Corrective Action Plan (CAP)**

As noted, regular discussions with CMS began in early February 2019. This included submission of a CAP. Along with other operational concerns, these Ohio Benefit and PERM issues were identified in a year-end report from Director Corcoran to Governor DeWine and shared with stakeholders, the Ohio General Assembly and the public.

Discussions were held with the CDJFS leadership early in the discussions between ODM and CMS, with periodic leadership meetings and updates. Understanding the importance of ensuring visibility and transparency in these critical areas, ODM came forward with a formal statement to Ohio news media, highlighting PERM finding, but more importantly, assuring Ohioans that ODM's leadership were committed to correcting backlog and eligibility imperfections. Interviews were conducted with 10 news outlets (Dispatch, Plain Dealer, Dayton Daily News, Gongwer, Hannah, Statehouse News Bureau, Toledo Blade, Cincinnati Enquirer, Associated Press, Bloomberg News) and nearly 50 Ohio media contacts received communications or a news release.

ODM intends to continue communicating with stakeholders in the manner described above to explain progress with system and process improvements.

### **Independent Assessment**

ODM posted an RFA in September 2020 to procure services of an independent IT vendor to evaluate the OB system. Upon completion of the procurement process, the awarded vendor will be onboarded with tentative project timeline of March 2021 – June 2022. During the project time period, recurring meetings will be held with the vendor, ODM, ODJFS and DAS and the vendor will provide reports related to the assessment and its findings. This information will be used to determine the stability, gaps and proposed improvements of the system.

### **System Enhancements and Defect Corrections**

Progress improvements to date are shown below.

The following functional areas have had defects corrected and enhancements implemented in the last four releases (R3.6 April 2020; R3.6.1 May 2020; R3.6.2 July 2020; R3.6.3 August 2020):

| Functional Group                  | Defects Corrected | Enhancements |
|-----------------------------------|-------------------|--------------|
| 1A- Rules                         | 263               | 25           |
| 1B- Alerts                        | 17                | 3            |
| 1C-Income Overwrites View History | 33                | 7            |

| Functional Group                      | Defects Corrected | Enhancements   |
|---------------------------------------|-------------------|--|
| 2-Renewal Passive and Manual          | 15                | 1 ** Entire overhaul of Passive Renewal Process tentatively planned for February 2021. |
| 3-Change Reporting- New Indicator     | 10                | 3  |
| 4-SSP Look and Feel                   | 16                |  |
| 5-NOAs                                | 12                | 2  |
| 6-Document Management                 | 1                 | 1  |
| 7-CSS/IVR                             |                   |  |
| 8-Signatures                          |                   |  |
| 9-Electronic Verification Audit Trail | 11                |  |
| 10-Intake No Touch                    | 12                |  |
| 11-Reports                            | 22                | 2  |

ODM identified functional areas by their impact on eligibility; please see the descriptions below.

#### 1a. Eligibility Rules

- OB uses a 'rules engine' to apply state and federal policy to information individuals supply on the Medicaid application.
- Any defect in the 'rules engine' logic could result in an incorrect eligibility determination by the system.
- Caseworkers must 'override' the incorrect eligibility determination made by the system due to these defects.
- System overrides are time consuming, error prone and have a negative impact on system batch processes.
- Correcting these defects results in accurate eligibility determinations, fewer overrides and more productive batch processing.



### 1b. Alerts

- OB signals caseworkers of potential changes which may impact an individual's eligibility through automated electronic notifications generated within the system.
- Alert defects include missed or inaccurately timed alerts that may trigger caseworker action that's unnecessary or erroneously applied.
- The current alert design was based on the alert design contained in the legacy system which OB replaced. The alert volume is an identified major concern as caseworkers are unable to manage the workload.
- To address this, ODM and ODJFS meet bi-weekly to review every alert currently generated in Ohio Benefits to determine what information is communicated, how often the alert is generated, whether the alert was customized for Ohio (to determine why it is generated) , and whether there are any state and/or federal mandates for the alert.
  - Analysis began with the alerts representing the highest volume and the most error prone. Those identified were then prioritized for upcoming releases as capacity allowed.
  - ODM and ODJFS continue to meet bi-weekly to analyze the remaining alerts. Once all system alerts are reviewed, the group will present recommendations to the vendor for overall system alert improvements.

### 1c. Overwrites and View History

- OB should keep a history/audit trail of all actions on the data collection screens.
- Defects in this area prevent auditors from seeing information used in past eligibility determinations.
- Enhancements are required to retain the Federal Data Services Hub ping results and not allow workers to update. Electronic data sources 'pinged' during passive renewal include the Social Security Administration (SSA), Unemployment Compensation (UC), and State Wage Information Collection Agency (SWICA).

### 2. Renewals (Passive and Manual)

- Defects with passive renewal impact the success rate. Passive renewal is the term used in Ohio to describe renewals on the basis of information available to the agency. States are required to use information within their eligibility systems (previously reported income, etc.) as well as information that's available via electronic data sources to attempt a renewal of Medicaid before reaching out to the individual to request information or verification. Renewals which fall out of passive renewal require manual processing by counties, thus a higher fallout rate results in a higher volume of work for the counties.
- Defects with the renewal dates (RE) impact future renewal batches. Cases that are not updated appropriately by the system may be overlooked in future renewal cycles.
- Eight 'high' defects related to passive renewal are slotted for correction in the November 2020 release. In addition, ODM has collaborated with Kansas to review that state's passive

renewal process, which has a much higher success rate. ODM will pursue enhancements to our passive renewal process based on identified best practices, including the following:

- Eliminate reverification of Social Security Administration (SSA) income types. The passive renewal process should use the Social Security income on the individual's case, so this reverification is not necessary.
- Revise calculation for how the income tolerance value is calculated to ensure the reasonable compatibility (RCD) threshold logic is correct and renewals with reasonably compatible income are successfully processed through the passive renewal process.
- Include additional income types so that the rate of successful passive renewal is increased for individuals in receipt of Supplemental Security Income (SSI) and/or Social Security Disability Insurance (SSDI).

### 3. Change Reporting

- Individuals can report changes through the self-service portal (SSP). These changes must be processed timely to ensure potential eligibility impacts are processed.
- Defects associated with 'New' indicators impact caseworkers' ability to process changes timely.
- Enhancements are required to provide a 'reject' option for counties for duplicate 'New' indicators (scheduled to be implemented in November 2020).

### 4. Self-Service Portal

- Individuals can apply for benefits online via the SSP.
- Defects with the SSP impact the ability of individuals to apply for Medicaid and/or impact information being transferred from the SSP to OB. This results in additional work for counties and applicants.

### 5. Notices of Action (NOAs)

- State and federal regulations require ODM to notify individuals of actions taken on their case.
- Defects with NOAs (i.e. not generating, not containing correct information) results in additional work for counties to generate manual NOAs and could have state hearing impacts for consumers.
- Enhancements are required to update the NOA logic and make changes to the verbiage.

### 6. Document Management /EDMS

- Documents can be uploaded into OB by consumers via the SSP. All documents should be viewable by the worker.

- Defects in the area may impact the ability to view PDFs within OB. If workers cannot view the document, they need to reach out to the applicant or request verifications, creating more work for the caseworker and duplication by the individual.
- ODM will propose enhancements to address issues with viewing documents.

#### 7. County Shared Services/Interactive Voice Response

- Though not every county utilizes County Shared Services, counties have the option to work on cases across county lines. This can speed up case processing in the event one county falls behind.
- Multiple enhancements are proposed to improve this process for both counties and applicants.

#### 8. Signatures for Renewals

- Counties participating in County Shared Services (CSS) can collect audio signatures for renewal applications. ODM is working with Automated Health Systems (AHS) to allow it to collect audio signatures for non-CSS counties.
- Enhancements are planned to implement a 'combined audio signature' by the end of 2020. This will allow individuals applying for multiple programs to listen to one set of rights and responsibilities instead of separate recordings for each program (Medicaid, Cash, SNAP).

#### 9. Electronic Verification Audit Trail

- Similar to 1c., OB must be able to retain an audit trail for electronic verifications which is viewable for all caseworkers and auditors without vendor intervention.
- Defects in this area result in auditors not being able to see what information was used in past eligibility determinations.
- Enhancements are required to retain all electronic verification records and maintain a viewable history which cannot be changed by a worker.

#### 10. No-Touch Initial Application

- OB should allow for applications to be processed via No-Touch – without additional worker intervention.
- Defects in this area cause applications to 'fall out' and require manual intervention by workers.
- Enhancements are required to improve the No-Touch success rate. Enhancements to the passive renewal process will also have a positive impact on this area.

#### 11. Reporting

- Counties rely on reports pulled from OB to assist them with monitoring and prioritizing their work, i.e. pending applications, outstanding alerts, etc.

- Defects in this area such as inaccurate reports, reports with gaps, reports that time out and won't complete result in counties not being able to get the information they need to manage their work.
- Self Service Reporting (SSR) was implemented in late 2019 which improved the data available to counties. Additional enhancements are required to add additional Medicaid reporting to this tool.

## **RECOMMENDATION 2 (MEDICAID ELIGIBILITY DETERMINATIONS)**

We recommend ODM evaluate the results for the 41 non-compliant customers and reimburse federal Medicaid dollars for errors identified in the sample. We also recommend that ODM address the system issues that contribute to the identified eligibility errors, develop accurate and timely reports that provide necessary data to monitor the work performed by the counties, and improve training for counties; and ODM regularly evaluate selected benefit payments to verify the customer's eligibility, verify the customer information entered in the OB System is accurate, and the information is being maintained to support the eligibility decision.

## **MANAGEMENT RESPONSE**

ODM leadership and program staff take very seriously our responsibility as stewards of every dollar taxpayers contribute to this vital program. Financial oversight; protection against fraud, waste and abuse; and program transparency are paramount to the agency's ability to support Ohioans who rely on Medicaid for their health coverage.

The AOS's selected sample cases are for the time period SFY 2019 (July 1, 2018 – June 30, 2019). ODM reviewed the 41 non-compliant eligibility determinations identified by the state auditor, including the 16 identified as not eligible, and agrees that 12 are either not eligible or lack documentation to determine their eligibility. It should be noted that all of these do not necessarily represent expenses that should not have occurred but, for some, represent only determinations without sufficient documentation available to support an eligibility determination. This also holds true for the extrapolated numbers that the AOS projected as potential program loss.

Director Corcoran's 2019 year-end letter to Governor DeWine recognized that OB allowed overwriting of eligibility data and documentation which eliminates the historical record necessary to prove that member eligibility was properly established.

Additionally, when reviewing previous AOS findings related to eligibility, CMS informed ODM that financial recoveries based on eligibility errors can only be pursued when identified by programs operating under CMS' Payment Error Rate Measurement (PERM) program, under section 1903(u) of the Social Security Act and regulations at 42 CFR Part 431, Subpart Q. Adhering to CMS's direction means ODM will not return the federal share previously claimed for these 41 individuals, unless or until CMS directs ODM otherwise.

It should also be noted that CMS clarified that improper payment rates are not necessarily indicative of or measures of fraud. Instead, improper payments are payments that did not meet statutory, regulatory, administrative, or other legally applicable requirements and may be overpayments or underpayments.

ODM will continue to address the OB system remediation as described in the introduction and is moving forward with the external review of OB as described in the response to Recommendation 1.

ODM's county training and engagement work to address this recommendation includes:

- The Joint New Worker Training Program pilot class began in July 2020. Two classes for the second offering began October 2020. This training program covers system and policy basics on Medicaid, TANF and SNAP and includes both an Ohio Benefits Basics core module and a Case Maintenance (combined programs) core module. In addition, ODM developed a long-term care (LTC) training for new LTC workers which will be full-time instructor led class instruction for a week. The pilot class begins late October 2020.
- The ODM Technical Assistance team has provided a variety of trainings as a result of audit findings since August 2019. These efforts continue and many topics will be repeated annually to accommodate staffing changes at the counties. Topics include income processing, change processing, renewal processing, a variety of long-term care topics, override training and dual eligibility for Medicare recipients.
- ODM created a County Engagement unit in March 2020 which consists of five engagement managers assigned to be the ODM point of contact for about 17 counties each. Engagement managers meet quarterly with all 88 counties to discuss a variety of topics including: identifying any issues or barriers they may be having in determining eligibility, reviewing application/renewal timeliness reports, and discussing any backlogs as well as identifying best practices to be shared. Engagement managers also provide hyper-care support following a training, if requested, to provide 1:1 support with the county. Most engagement managers have contact with all of their counties on a weekly basis.

Additionally, as mentioned above, ODM's MEQC unit worked with ODM ITS to build an online application for reviewers to work in that will allow us to better review and report eligibility error trends internally and to county partners. The MEQC unit started to assist with Medicaid application processing at the start of the public health emergency, but in October started reviewing cases and reporting quarterly to ODM's Technical Assistance Unit regarding errors identified. This work allows ODM and the CDJFSs to analyze error trends and continue to identify system fixes or training needs to address those errors.

### **RECOMMENDATION 3 (DATA GOVERNANCE STRUCTURE)**

We recommend that ODM work with ODAS to emphasize and evaluate a data governance structure, to ensure consistency and reliability.

## **MANAGEMENT RESPONSE**

ODM and DAS agree with the assessment in Recommendation 3 that a more robust data governance structure is needed to enhance Ohio Benefits. The preface to the recommendation highlights some challenges with the Ohio Benefits system, namely that the table structure and the interaction with system interfaces is extremely complex and not well documented. These challenges impact programmatic outcomes, table structures, and ad hoc data requests.

A Technical Data Governance Committee will be created by December 31, 2020, and membership will be comprised of individuals from ODM, DAS, ODJFS and Accenture to ensure the whole system maintains a high level of data integrity and control. This committee will include operational, IT security and infrastructure, and governance officers from each participating agency. One of the first actions of this committee will be to develop Data Governance Goals as well as a RACI chart which will designate which agencies and individuals will be responsible, accountable, consulted, and informed. This committee will meet and do its work, in addition to the regular meeting of the DAS, ODM and ODJFS Department directors and senior deputies that have been meeting since early last year.

## **RECOMMENDATION 4 (OB SYSTEM ALERTS)**

We recommend ODM continue to design and implement appropriate control procedures for monitoring IEVS and non-IVES alerts generated and processed in the OB system to help ensure the counties are completing them properly and timely.

## **MANAGEMENT RESPONSE**

- ODM continues working collaboratively with ODJFS to improve the alert process. To evaluate and redesign alert structure and priority, ODM and ODJFS began meeting bi-weekly in April 2020 to review every alert currently generated in Ohio Benefits to determine the information communicated, the frequency in which the alert is generated, the reasoning or history behind the alert type and the state and regulatory mandates directing the use of the alert. This review prioritized high volume, error-prone alerts and identified those planned for upcoming releases as capacity allowed. ODM and ODJFS continue to meet bi-weekly to analyze the remaining alerts. Once all system alerts are reviewed, the group will present recommendations to the vendor for overall system alert improvements.
- Several system enhancements have been made to improve the visibility of alerts for caseworkers and are referenced above. In R3.6.3 (August 2020) functionality was implemented which modified the Case Summary page (which is typically the first screen accessed by case workers) to include a new Alert and Task Dashboard. This dashboard displays the number of pending and overdue alerts as well as hyperlinks for caseworkers to access. In addition, 17 outstanding defects associated with alert functionality have

been corrected in 2020. New reports for outstanding alerts have been developed and piloted with several counties. ODM is working with DAS to make these reports available to all 88 counties.

- Once the ODM and ODJFS internal review is complete and information known for all alerts, we will engage counties again regarding improvements that can be made to the system for alert functionality. ODM has been in communication with the vendor about this overhaul to begin identifying potential solutions to issues called out by the ODM and ODJFS work groups.
- An outstanding county workgroup enhancement request to remove alerts on closed cases was expanded to automatically clear alerts for denied and discontinued Medicaid blocks and insert a Journal entry (information associated with the alert remains, the alert is just cleared). This functionality was implemented in R3.6.3 (August 2020).
- ODM and ODJFS are evaluating the feasibility of enhancing Ohio Benefits to force alerts to be worked before a caseworker runs EDBC. Many of the alerts are shared between public benefits programs but, for certain programs, may only require follow-up rather than review before approving eligibility. The ODM and ODJFS workgroup will assess what system enhancements can be made to achieve this goal while remaining compliant with CMS, FNS, OAC and ORC regulations.
- Once these changes have been identified, ODM and ODJFS will pursue the needed enhancements.

## **RECOMMENDATION 5 (TRAINING RESOURCES)**

We recommend that ODM enhance its methods to train county staff on the OB system by better organizing information on the Ohio Benefits project website.

## **MANAGEMENT RESPONSE**

The project website is vendor owned. However, ODM reviews desk aids that the vendor creates or revises. Because of the interest we have in ensuring optimum user performance, ODM will work with counties to obtain feedback and recommendations for site improvements. The new Technical Data Governance Committee will be helpful to facilitate this work.

In addition, the county agencies have access to the Medicaid Resources page on the ODJFS Innerweb - site not accessible by the public. The Medicaid Resources page includes ODM-created desk aids and training materials for all Medicaid categories. Materials on this page are specific to Medicaid policy and procedures and this page is maintained by ODM staff.

## **RECOMMENDATION 6 (COUNTY MODELS)**

We recommend that after addressing system issues, alerts, training and data governance, ODM should conduct a formal program evaluation to identify best practices regarding the models used by the counties to administer Medicaid eligibility.

### **MANAGEMENT RESPONSE**

Ohio is committed to improving its eligibility processing system, including addressing system issues, alerts, training, and data governance. Many of the steps Ohio is taking are described in the responses to Recommendations One through Five in this report. However, Ohio will need a substantial amount of time to solve these problems, given their scale and competing priorities, including a public health emergency.

As a result, we believe it is premature to introduce a formal program evaluation of county best practices. That said, ODM will continue dialogue with CDJFS leadership and practices currently implemented to identify and share best practices with CDJFSs as part of the agency's regular support and outreach efforts. As this work continues, it may make a formal program evaluation less necessary once the previous eligibility system challenges are addressed.

As described above, ODM is contracting for an external review of the OB system. The RFP was posted in September 2020 and upon completion of the procurement process, the awarded vendor will be onboarded with tentative project timeline of March 2021 – June 2022. During the project time period, recurring meetings will be held with the vendor, ODM, ODJFS and DAS and the vendor will provide reports related to the assessment and its findings. This information will be used to determine the stability, gaps and proposed improvements of the system.

In addition to the external review of OB, ODM will continue to support county best practices through its training and county engagement work. This includes:

- The Joint New Worker Training Program pilot class began in July 2020. Two classes for the second offering began October 2020. This training program covers system and policy basics of Medicaid, TANF and SNAP and includes both an Ohio Benefits Basics core module and a Case Maintenance (combined programs) core module. In addition, ODM developed a long-term care training for new LTC workers which will be full-time instructor led class instruction for a week. The pilot class begins in October 2020.
- The ODM Technical Assistance team has provided a variety of trainings as a result of audit findings since August 2019. These efforts continue and many topics will be repeated annually to accommodate staffing changes at the counties. Topics include income processing, change processing, renewal processing, a variety of long-term care topics, override training and dual eligibility for Medicare recipients.
- ODM created a County Engagement unit in March 2020 which consists of five engagement managers assigned to be the ODM point of contact for about 17 counties each. Engagement managers meet quarterly with all 88 counties to discuss a variety of topics



including: identifying any issues or barriers they may be having in determining eligibility, reviewing application/renewal timeliness reports, and discussing any backlogs as well as identifying best practices to be shared. Most engagement managers have contact with all of their counties on a weekly basis.

- On May 21, 2019, ODM started an initiative with counties that had the highest number of past due applications. Weekly phone calls were held with the specified counties to identify ways to reduce the counties' application backlogs and to troubleshoot applications that had system issues or outstanding policy questions. Additionally, all counties were sent reports each week that identified past due applications that remained pending in their counties. Phone calls with counties continued through February 2020 and weekly reports identifying backlog applications continue to be sent to counties today. This initiative resulted in a significant improvement in Ohio's application timeliness.
- On March 2, 2020, ODM changed the focus of its efforts from pending applications to pending renewals and started a new initiative with counties that had the highest number of past due renewals. Weekly phone calls were held with the specified counties to identify ways to reduce the counties' renewal backlogs and to troubleshoot cases that had system issues or outstanding policy questions. In addition to the weekly report that all counties received with their application backlogs, they were also sent reports each week that identified past due renewals in their counties. Due to the COVID-19 public health emergency, weekly phone calls with counties regarding renewals were suspended from April 2020 through September 2020 as renewal processing had been suspended. Weekly reports continued to be sent and the full effort has resumed October 2020.
- ODM's Central Processing Unit is reviewing the oldest pending applications to identify next steps to complete the eligibility determination. This information is shared with the county to aid in processing.

ODM will continue this work to support the counties while it makes the system and process improvements recommended by the Auditor of State and discussed here. When that work is further along, ODM will determine whether a formal program evaluation to address county best practices is necessary or helpful.

ODM appreciates the Auditor of State's review and recommendations. Thank for the opportunity to provide comments on the draft report. Please let me know if you have questions or need additional information.

Sincerely,

A handwritten signature in black ink, appearing to read "Maureen M. Corcoran". The signature is fluid and cursive, with a long horizontal stroke at the end.

Maureen M. Corcoran, Director

## Attachment A to ODM Response

| Title  | Description  | Date(s)    |           | Type                     |
|--|--|------------|-----------|--------------------------|
| PARIS Alerts Processing (future)                       | Training on the types of PARIS alerts received, follow up alerts, how to research and resolve                          | 11/9/2020  |           | Webinar                  |
| ABD Case Processing plus Processing Guide              | Training on ABD case processing including policy references and system guidance  | 8/31/2020  | 10/6/2020 | Webinar                  |
| Qualified Income Trust Basics                          | Policy training on QITs for long-term care   | 9/10/2019  |           | Webinar                  |
| Alerts and eVerify Interface                           | Alerts, their meaning and how to resolve and processing eVerify matches  | 6/6/2019   |           | Webinar                  |
| MAGI Case Processing                                   | Training on MAGI case processing, including policy references and system guidance                                      | 8/28/2020  | 10/5/2020 | Webinar                  |
| Renewal Processing                                     | Review of the renewal process, processing paper, phone and SSP applications, tips and tricks                           | 10/26/2020 |           | Webinar                  |
| Returned Mail Processing (future)                      | Training on how to process returned mail with or without a forwarding address  | 11/16/2020 |           | Webinar                  |
| Zero Income  | How to process a case when someone reports having zero income. Includes policy and system information                  | 2/5/2020   |           | Monthly Video Conference |
| CHIP Child versus MAGI Child                           | Understanding the difference between the two and how third party liability affects it                                  | 3/4/2020   |           | Monthly Video Conference |
| EDMS Scanning and Indexing Tips                        | Instruction on proper scanning and indexing of documents in the electronic data management system                      | 8/5/2020   |           | Monthly Video Conference |
| Trusts   | Various types of trusts and how Medicaid policy looks at them. How to enter into the system.                           | 10/20/2019 |           | Webinar                  |
| Long-Term Care Changes, Part 1                         | Processing various changes that affect long-term care cases  | 12/10/2019 |           | Webinar                  |
| Long-Term Care Changes, Part 2                         | A continuation of processing various changes that affect long-term care cases  | 1/28/2020  |           | Webinar                  |
| Processing Unpaid Past Medical Bills                   | Policy and system guidance on how to process unpaid past medical bills for use in long-term care share of cost budgets | 11/25/2019 |           | Webinar                  |
| Processing Applications for Institutionalized Children | How to process an application for a child applying for waiver or in an institution                                     | 3/28/2019  |           | Webinar                  |

|   |   |                                  |           |                |
|---|---|----------------------------------|-----------|----------------|
| RSS Refresher   | A refresher for all case workers on the RSS program with system and policy guidance   | 10/23/2019                       |           | Webinar        |
| SRS Basics and Refresher  | A refresher on the Specialized Recovery Services Program policy and system guidance   | 8/23/2019                        |           | Webinar        |
| Authorized Representatives, Power of Attornies and Guardians  | The differences and considerations around these three types of designations   | 7/10/2019                        |           | Webinar        |
| Alert Processing Training (future)  | Alerts broken down in groups - description of the alert, how to process and resolve. Includes system and policy guidance                                      | 3/2021, 6/2021 and 9/2021        |           | Webinar        |
| MAGI New Worker Training (completed quarterly - began in 2018)  | Policy training for new workers on MAGI Medicaid household formation, budgeting, tax filing status, etc.  | 3/2/2020                         | 6/22/2020 | Webinar        |
| ABD New Worker Training (completed quarterly - began in 2018)   | Policy training for new workers on ABD Medicaid including budgeting, resource tests and household formation   | 3/4/2020                         | 6/23/2020 | Webinar        |
| Resources for New Workers (completed quarterly - began in 2018)   | Policy training for new workers on applying resources properly for Medicaid programs with a resource test   | 3/5/2020                         | 6/23/2020 | Webinar        |
| Long-Term Care Financial for New Workers (completed quarterly - began in 2018)                            | Policy training for new workers on financial/income/budgeting guidance as it applies to institutionalization  | 3/9/2020                         | 6/24/2020 | Webinar        |
| Long-Term Care Community Spouse Resource Assessment for New Workers (completed quarterly - began in 2018) | Policy training on how to complete a spousal resource assessment when exploring eligibility for long-term care (waiver and facility)                          | 3/11/2020                        | 6/25/2020 | Webinar        |
| Long-Term Care Post-Eligibility Treatment of Income for New Workers (completed quarterly - began in 2018) | Policy training on how to calculate a share of cost for institutionalized individuals   | 3/13/2020                        | 6/26/2020 | Webinar        |
| Long-Term Care New Worker Training (system and policy)  | Integrated system and policy training which includes required pre-requisites and a one-week instructor led classroom training (currently conducted virtually) | Completed pilot class 10/30/2020 | TBD       | Instructor Led |

|   |  |                                  |   |                |
|---|--|----------------------------------|---|----------------|
| New Worker Training OB Basics (joint with JFS)        | Integrated system and policy training which includes required pre-requisites and a one-week instructor led classroom training (currently conducted virtually). Entire course includes SNAP and TANF as well and <b>takes 12 weeks to complete.</b> | Completed pilot class 09/22/2020 | Two classes began 10/20/2020 and 10/27/2020 | Instructor Led |
| New Worker Training MAGI (joint with JFS)             | Integrated system and policy training which includes required pre-requisites and a one-week instructor led classroom training (currently conducted virtually). Entire course includes SNAP and TANF as well and <b>takes 12 weeks to complete.</b> | Completed pilot class 09/22/2020 | Two classes began 10/20/2020 and 10/27/2020 | Instructor Led |
| New Worker Training ABD (joint with JFS)              | Integrated system and policy training which includes required pre-requisites and a one-week instructor led classroom training (currently conducted virtually). Entire course includes SNAP and TANF as well and takes 12 weeks to complete.        | Completed pilot class 09/22/2020 | Two classes began 10/20/2020 and 10/27/2020 | Instructor Led |
| New Worker Training Case Maintenance (joint with JFS) | Integrated system and policy training which includes required pre-requisites and a one-week instructor led classroom training (currently conducted virtually). Entire course includes SNAP and TANF as well and <b>takes 12 weeks to complete.</b> | Completed pilot class 09/22/2020 | Two classes began 10/20/2020 and 10/27/2020 | Instructor Led |
| County Reports from ODM                               | Review of various reports counties may receive from ODM, why they receive them, what they can do to prevent receiving them and how to resolve them when they do receive them   | 8/24/2020                        |   | Webinar        |
| SSI Auto Enrollment Process                           | Instruction on the SSI auto enrollment process   | 3/4/2020                         |   | Webinar        |
| Eligibility Overrides                                 | Proper reasons to complete overrides in the system, common errors  | 3/4/2020                         |   | Webinar        |
| MIA Hardship  | When and how to grant a hardship on the maintenance income allowance when processing long-term care cases for individuals with a spouse  | 3/4/2020                         |   | Webinar        |

|   |  |           |  |         |
|---|--|-----------|--|---------|
| Renewal Reports                                       | Review of renewal reports available to counties and how to use them  | 3/4/2020  |  | Webinar |
| Processing Renewals during COVID                      | Reminders on how to process renewals with consideration given to the requirements during the public health emergency   | 9/4/2020  |  | Webinar |
| Presumptive Eligibility Fallout                       | Training on a system enhancement to prevent Qualified Entities from creating duplicate individuals but requires worker intervention  | 10/7/2020 |  | Webinar |
| Non Citizenship versus AEMA Eligibility               | Explaining the differences between eligibility an individual may have as a legal non-citizen or through AEMA eligibility, how to process in the system and the accompanying policy | 10/7/2020 |  | Webinar |
| Properly Removing RMCP                                | System training on how to process a restricted Medicaid penalty period once one was completed but determined incorrect   | 10/7/2020 |  | Webinar |
| Signature Requirement for Medicaid Renewals (new)     | Training on the upcoming change to policy requiring signatures at renewal  | 11/4/2020 |  | Webinar |
| Processing Applications                               | Special considerations for how to process applications when an individual is ineligible in the application month but eligible ongoing  | 11/4/2020 |  | Webinar |
| Small Bites: Researching the OAC                      | Shortened recorded training on researching the OAC to properly research medicaid eligibility policy  | 1/1/2020  |  | Webinar |
| Small Bites: Medicaid for Former Foster Care Children | Shortened recorded training on how to properly determine eligibility (system and policy) for former foster care youth  | 1/1/2020  |  | Webinar |
| Small Bites: Transitional Medicaid Assistance         | Shortened recorded training on TMA eligibility   | 1/1/2020  |  | Webinar |
| Small Bites: MAGI Households                          | Shortened recorded training on forming correct MAGI Medicaid households  | 1/1/2020  |  | Webinar |

|                                 |   |          |  |         |
|---------------------------------|---|----------|--|---------|
| Small Bites: MPAP versus Buy-in | Policy and system information on the differences and similarities between Medicare Premium Assistance Programs and the State Buy-in Program | 1/1/2020 |  | Webinar |
|---------------------------------|---|----------|--|---------|

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# OHIO AUDITOR OF STATE KEITH FABER



## OHIO'S MEDICAID ELIGIBILITY DETERMINATION PROCESS

### FRANKLIN COUNTY

#### AUDITOR OF STATE OF OHIO CERTIFICATION

This is a true and correct copy of the report, which is required to be filed pursuant to Section 117.26, Revised Code, and which is filed in the Office of the Ohio Auditor of State in Columbus, Ohio.



Certified for Release 11/19/2020

88 East Broad Street, Columbus, Ohio 43215  
Phone: 614-466-4514 or 800-282-0370

This report is a matter of public record and is available online at  
[www.ohioauditor.gov](http://www.ohioauditor.gov)



# Presentation to the Ohio Public Assistance Benefits Accountability Taskforce

JOEL POTTS, Ohio Job and Family Services Directors' Association

JOE PATTON, Allen County JFS

JOHN FISHER, Licking County JFS

RANDY GALBRAITH, Hancock County JFS

*September 13, 2022*

# RECOGNITION

Thank you for the opportunity to be a part of these discussions and to help create meaningful recommendations that improve Ohio's public assistance programs.

Many thanks to the Auditor of State's office, whose audit of the Ohio Benefits system gave us a great foundation to start conversations about service delivery.

We recognize and appreciate the hard work of the Departments of Medicaid, Job and Family Services and Administrative Services to improve the system.

Far more needs to be done and this gives us the forum to do that.

# THE PAST

Ohio's journey started 25 years ago with the philosophy that a job is the best strategy to reduce poverty.

## **Goals:**

- Focus on casework, not paperwork
- Less bureaucracy
- Added work supports
- Breaking down employment barriers
- Focusing on outcomes
- Stabilizing lives
- Reducing caseloads by reducing the need for benefits

# THE PAST

This work has resulted in Ohio's ability to reinvest TANF into work and family stability like the PRC Program.

Reinvestments go to:

- Work, training and education programs
- Emergency and prevention strategies
- Work retention strategies
- Faith-based programming
- Fatherhood initiatives and family formation programming
- Child protection services and childcare

Independent studies show more clients leaving welfare to work in Ohio than at any time in our history.

# THE PRESENT

We currently have more working poor in our system than non-working. Transition challenges include the loss of vital supports (benefit cliff):

- Healthcare
- Childcare
- Food
- Workforce support services

Current JFS programs that support work: PRC, Ohio Works First, SNAP Employment and Training, CCMEP, Benefit Bridge Pilots, Earned Incentive Programs and OhioMeansJobs centers in all 88 counties (73 are under the county JFS umbrella).

# THE FUTURE

Financial independence is the key.

Guiding Principle:

Support financial independence, allowing residents to obtain financial freedom, choose their future, see the promise and benefits of work and the importance of increasing incomes.

Compliment what is already out there, don't compete.

# THE FUTURE

To be most successful, our programs should:

- Focus less on processes and more on outcomes
- Spend less time on eligibility (helping people get on the system) and more focused on self-sufficiency (helping individuals get off of public assistance by reduce the need for government services)
- Change from the reactive nature of government services (waiting for the crisis to occur) and be more proactive in problem prevention and addressing emergent need
- Allow government workers to be focused on casework and not paperwork

# Joe Patton, Director Allen CDJFS

- *Employer Services*
- *Career Consultants*
- *The Benefit Cliff & Achieving Self-Sufficiency*

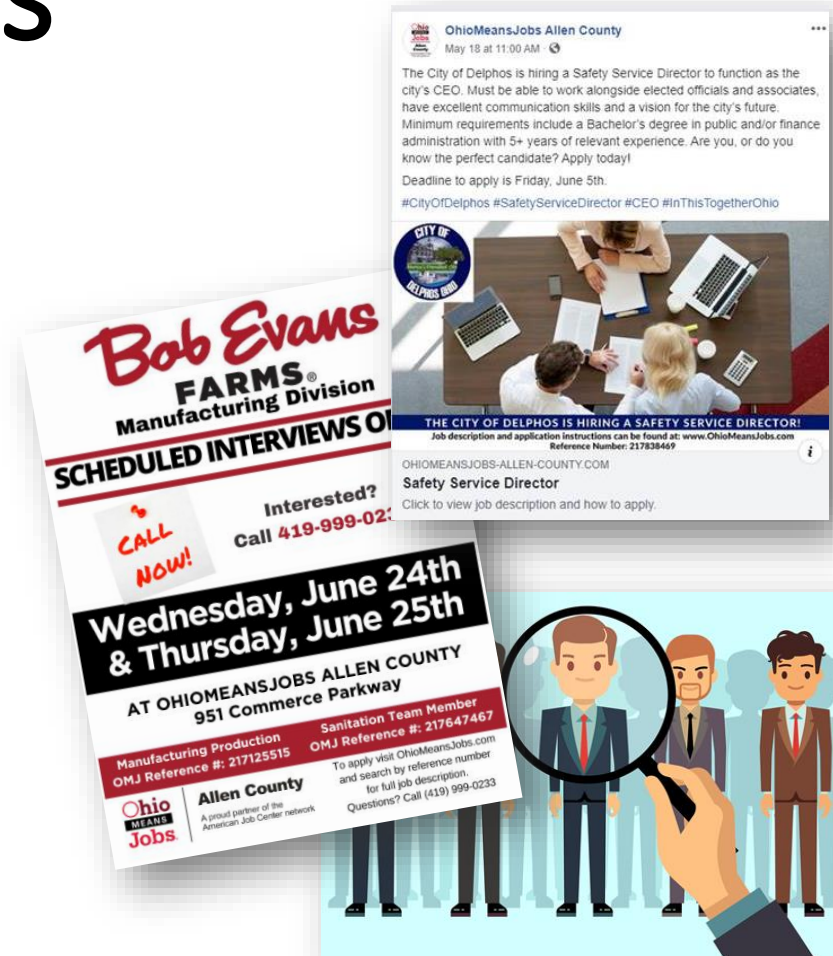


# OhioMeansJobs Allen County

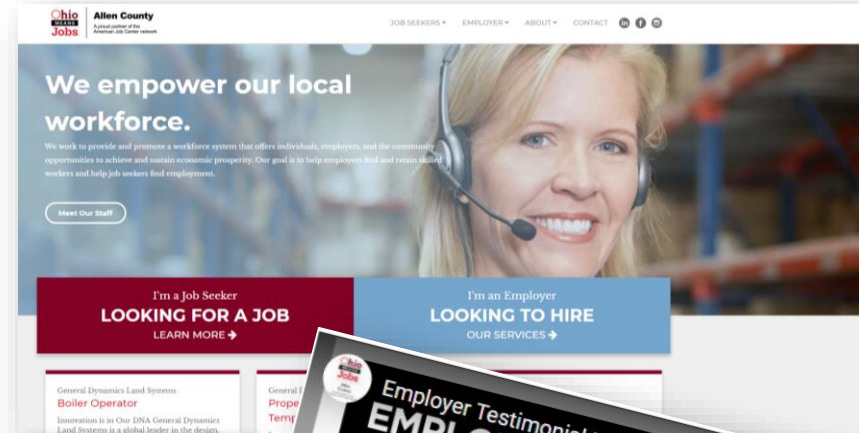


# Employer Services

- Job Posting
  - Job Boards
- Recruitment
  - All levels of recruitment services – From entry level to executives!
- Hiring Events
  - New conference center
- Marketing



- Facebook
  - 11,000 Followers
  - [Friday Recap](#)
- Instagram
  - 1,000 Followers
- LinkedIn
- Twitter
- YouTube
- Billboards
- [Employer Videos](#)
- [Community Videos](#)
- [OMJAllen.com](#)







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HIGHWAY**



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CAREER CENTER



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**MERCY HEALTH**



**OmniSource**  
CORPORATION

**Superior**  
CREDIT UNION



**Bob Evans**  
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TRANSPORTATION**



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HEALTH SERVICES, LLC



**EAGLE**  
RAILCAR SERVICES



**deSter**



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**KeyBridge**  
Medical Revenue Care™



**SECURITAS**

# One-on-One Career Consultant

- **Job Seeker Services:**

- Professional resume
- OMJ registration
- Direct referrals to employers
- Weekly contact until employment is obtained
- Assists with career pathways and career planning
- Supportive services available to obtain and maintain employment



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Wendy.Agozzino@jfs.ohio.gov



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Taylor.Benjamin@jfs.ohio.gov



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Caseworker  
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Tova.Brunk@jfs.ohio.gov



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Rachael.Reeder@jfs.ohio.gov



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Rebecca.Saline@jfs.ohio.gov



Wise, Trent  
Career Consultant  
419.999.0360  
Trent.Wise@jfs.ohio.gov



# High School Job Coaches

- **Job Coach in all 13 Allen County high schools!**
- Provides:
  - OMJ profile registration and activities
  - Resume
  - Job search assistance
  - Information on local employers and opportunities
  - Career exploration, job shadowing, and career pathways

**APOLLO,**  
MEET WITH YOUR  
HIGH SCHOOL JOB COACH!

**Every Thursday**  
8:00 AM - 11:30 AM

**Sam Butterfield**  
Email: Samantha.Butterfield@jfs.ohio.gov  
Phone: 419-999-0239

Paid Tuition  
Work Experiences  
Transportation Assistance  
Paid Certificates for Skilled Trades  
Internships

Career Exploration & Planning  
Resume Writing  
Job Searching  
Job Applications

**Ohio**  
**JOBS**  
A proud partner of the  
American Job Center network

**Allen County**

**SPARTANS,**  
MEET WITH YOUR  
HIGH SCHOOL JOB COACH!

**Every Other Monday**  
9:00 AM - 12:00 PM

**Natalie Berning**  
Email: Natalie.Berning@jfs.ohio.gov  
Phone: 419-999-0308

Paid Tuition  
Work Experiences  
Transportation Assistance  
Paid Certificates for Skilled Trades  
Internships

Career Exploration & Planning  
Resume Writing  
Job Searching  
Job Applications

**Ohio**  
**JOBS**  
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**Allen County**

**MUSTANGS,**  
MEET WITH YOUR  
HIGH SCHOOL JOB COACH!

**Every Other Tuesday**  
8:00 AM - 3:30 PM

**Tessa Laing**  
Email: Tessa.Laing@jfs.ohio.gov  
Phone: 419-999-0233

Paid Tuition  
Work Experiences  
Transportation Assistance  
Paid Certificates for Skilled Trades  
Internships

Career Exploration & Planning  
Resume Writing  
Job Searching  
Job Applications

**Ohio**  
**JOBS**  
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American Job Center network

**Allen County**

**INDIANS,**  
MEET WITH YOUR  
HIGH SCHOOL JOB COACH!

**Every Friday**  
8:00 AM - 11:30 AM

**Zach Ellsworth**  
Email: Zach.Ellsworth@jfs.ohio.gov  
Phone: 419-999-0216

Paid Tuition  
Work Experiences  
Transportation Assistance  
Paid Certificates for Skilled Trades  
Internships

Career Exploration & Planning  
Resume Writing  
Job Searching  
Job Applications

**Ohio**  
**JOBS**  
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American Job Center network

**Allen County**

**WILDCATS,**  
MEET WITH YOUR  
HIGH SCHOOL JOB COACH!

**Every Thursday**  
12:00 PM - 3:30 PM

**Trent Wise**  
Email: Trent.Wise@jfs.ohio.gov  
Phone: 419-999-0350

Paid Tuition  
Work Experiences  
Transportation Assistance  
Paid Certificates for Skilled Trades  
Internships

Career Exploration & Planning  
Resume Writing  
Job Searching  
Job Applications

**Ohio**  
**JOBS**  
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American Job Center network

**Allen County**

**BEARCATS,**  
MEET WITH YOUR  
HIGH SCHOOL JOB COACH!

**Every Wednesday**  
Alternating A.M. & P.M.

**Theran Carroll**  
Email: Theran.Carroll@jfs.ohio.gov  
Phone: 419-999-0394

Paid Tuition  
Work Experiences  
Transportation Assistance  
Paid Certificates for Skilled Trades  
Internships

Career Exploration & Planning  
Resume Writing  
Job Searching  
Job Applications

**Ohio**  
**JOBS**  
A proud partner of the  
American Job Center network

**Allen County**

**THUNDERBIRDS,**  
MEET WITH YOUR  
HIGH SCHOOL JOB COACH!

**Every Other Friday**  
8:00 AM - 11:30 AM

**Tova Brunk**  
Email: Tova.Brunk@jfs.ohio.gov  
Phone: 419-999-0386

Paid Tuition  
Work Experiences  
Transportation Assistance  
Paid Certificates for Skilled Trades  
Internships

Career Exploration & Planning  
Resume Writing  
Job Searching  
Job Applications

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# On-Site at UNOH



**Ohio MEANS Jobs**  
Allen County  
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# JOB COACH

Turn your passion into your career.

## Meet with us!

**Career Services**  
Located in the Student Services section of the 200 building

- Resume Building & Updates
- Job & Internship Searching
- Mock Interviews
- Job Shadowing
- Career Advising

SCAN FOR MORE INFORMATION



**Lexi**  
Thursday  
12:30 p.m. - 4:30 p.m.  
Lexi.Pohlman@fs.ohio.gov  
419-998-8472

**Sam**  
Monday  
12:30 p.m. - 4:30 p.m.  
Samantha.Butterfield@fs.ohio.gov  
419-998-8472

Follow Us    

- Monday and Thursdays  
12:30pm-4:30pm
- Services provided:
  - Resume building, updates and cover letter writing
  - Mock interviewing
  - Finding work experience and paid internship opportunities
  - Career advising
  - Job searching for part-time opportunities while in school and full-time for after graduation



# On-Site at Bluffton University



A poster for Bluffton University's Job Coach service. The top half features a photograph of a stone wall with a 'WELCOME' sign and the university's name. The text 'JOB COACH' is overlaid in large, bold, white letters. Below this, the tagline 'Discover Your Passion. Discover What Inspires You!' is written. The bottom half of the poster is purple and contains the following information:

**Meet with me!**

📍 Musselman Library  
First Floor

- Resume Building & Updates
- Job & Internship Searching
- Mock Interviews
- Job Shadowing
- Career Advising

SCAN FOR MORE INFORMATION



**Trent**  
Tuesday & Friday  
10:00 a.m. - 4:00 p.m.  
Trent.Wise@jfs.ohio.gov  
419-999-0350

**Ohio MEANS Jobs.** | **Allen County**  
A proud partner of the American Job Center network.

Follow Us    

- Tuesdays and Thursdays  
10:00am - 4:00pm
- Services provided:
  - Resume building, updates and cover letter writing
  - Mock interviewing
  - Finding work experience and paid internship opportunities
  - Career advising
  - Job searching for part-time opportunities while in school and full-time for after graduation

**Ohio**  
**MEANS**  
**Jobs.**

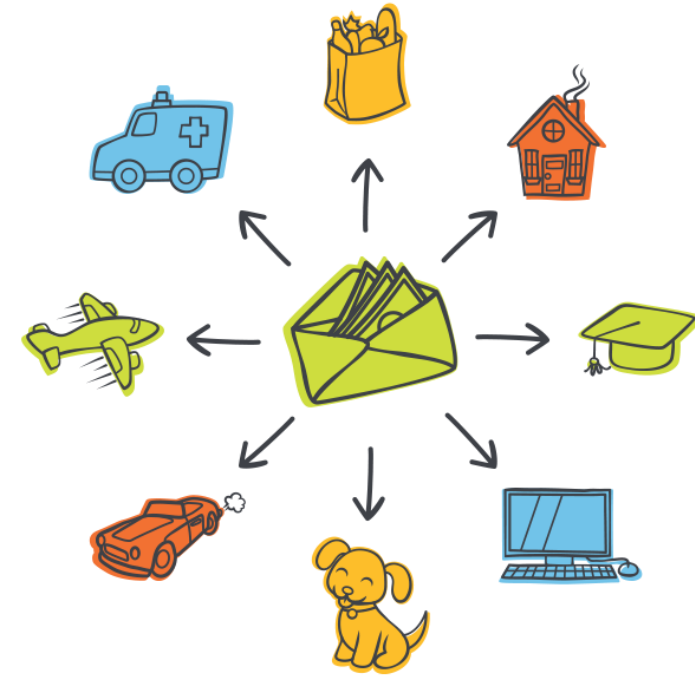
**Allen County**

A proud partner of the  
American Job Center network



# Financial Literacy

- Financial literacy is incorporated in several job center programs
  - How to Budget
  - Savings and Checking Accounts
  - How to improve your credit score
- Check out our financial literacy video, quiz, and detailed budget on our webpage  
[www.omjallen.com](http://www.omjallen.com)



Financial Literacy  
Learn how to successfully manage your finances!



**Allen County**  
A proud partner of the  
American Job Center network



OhioMeansJobs – Allen County has partnered with Superior Credit Union to create a free video class on financial literacy. The topics covered in the video include budgeting, checking and savings accounts, and building and repairing credit. Follow along with the video class BELOW, and open the quiz link [HERE](#)



If you are looking to prepare or track your own budget, [CLICK HERE](#) to use our form to help guide you through the process.

# Conquering the Benefit Cliff

- In 2017, Joe Patton collaborated with County Commissioners, Economic Development, Chamber of Commerce, and State Representatives to find a solution to the Benefit Cliff
- How to incentivize individuals to *want* to be off public assistance and financially be able to support their household without the assistance
  - Changing the mindset
  - Offsetting the benefit cliff

The image features a solid red background. In the center, a hand is holding a magnifying glass, with the lens focused on the text 'THE PROBLEM?'. The text is in a bold, white, sans-serif font. Surrounding the central text and hand are various white line-art icons: a storefront with a shopping cart, a lightbulb, two people in business suits, a flask with a dollar sign, a handshake, a target with an arrow, and several dollar signs. The overall composition suggests a focus on identifying a business problem or challenge.

**THE PROBLEM?**

# EMPLOYEES

- Turning down raises or additional hours
- DIDN'T WANT TO MAKE MORE \$

# EMPLOYERS

- Low Unemployment
- Frustrated
- Confused



# The Employment Incentives Program



# Public Assistance Referrals



**Appointment with Caseworker to evaluate case, benefits, underemployment and next steps.**

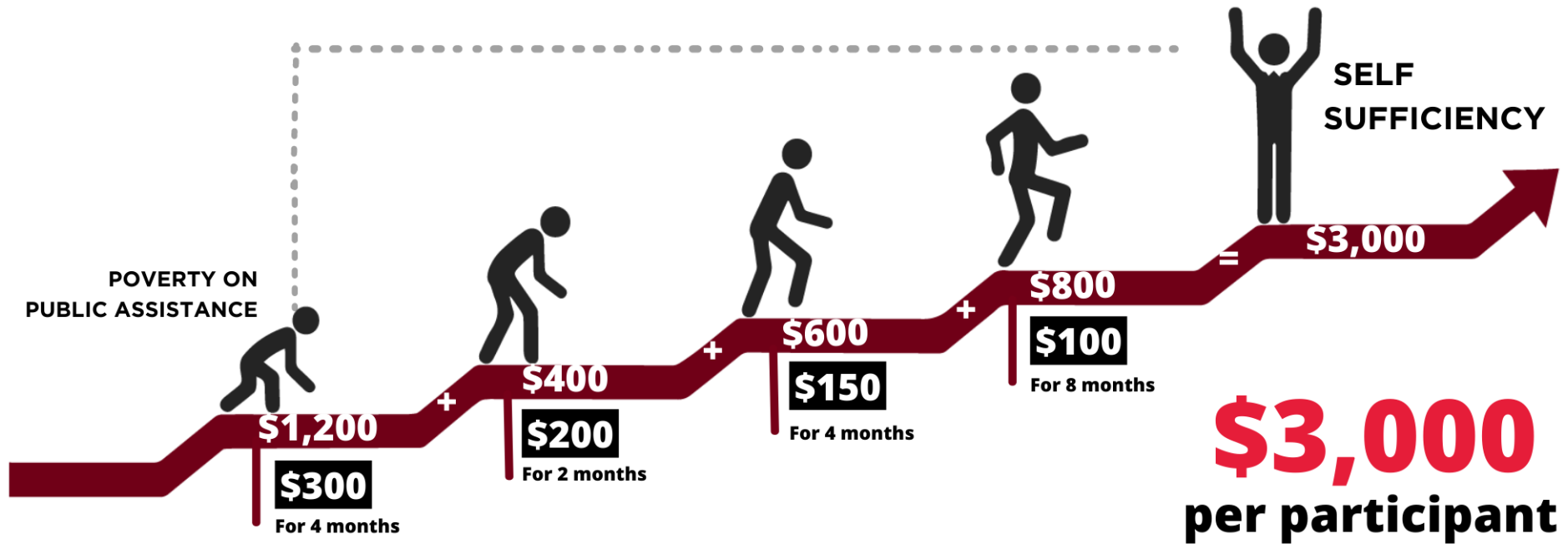


**Internal Referral made to OhioMeansJobs Allen County due to benefits decreasing. Appointment with Career Consultant to screen for the Employment Incentives Program.**



**Enrolled into program working full time and towards self-sufficiency.**

# Achieving SELF SUFFICIENCY





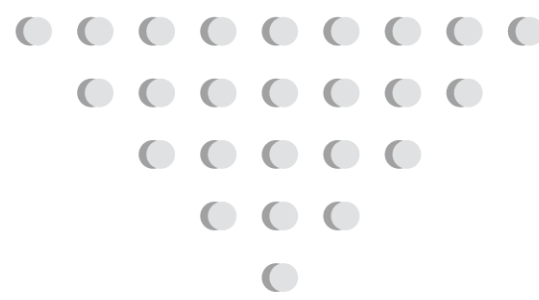
As your benefits decrease ...





# Incentives Performance Portfolio

The Agency will generate and manage a tier-incentive performance portfolio that will be active for up to 18 months. For every month that the participant successfully maintains full-time, uninterrupted employment, a one-time financial incentive will be added to his/her performance portfolio.



|                                       |             |  |
|---------------------------------------|-------------|--|
| <small>MONTHS</small><br><b>1-4</b>   | \$300/month | <small>TOTAL</small><br><b>\$1,200</b> |
| <small>MONTHS</small><br><b>5-6</b>   | \$200/month | <small>TOTAL</small><br><b>\$400</b>   |
| <small>MONTHS</small><br><b>7-10</b>  | \$150/month | <small>TOTAL</small><br><b>\$600</b>   |
| <small>MONTHS</small><br><b>11-18</b> | \$100/month | <small>TOTAL</small><br><b>\$800</b>   |
| <b>Total 18-month Incentive:</b>      |             | <b>\$3,000</b>                         |

The \$3,000 will be paid out at the completion of the 18 months. In addition to this portfolio, periodic payouts will help cover the gap generated as the income rises and assistance falls to ensure the participant is financially stable.

# First Employment Incentives Graduate!

## [WLIO Play Video](#)



# John Fisher, Director Licking CDJFS

- *Mobile Manufacturing Work Crew (a CCMEP project)*
- *SNAP Employment & Training*
- *Benefit Bridge Pilot Program*

# Mobile Manufacturing Work Crew

*A CCMEP Project*

# Concept

- Meet the demands of employers
- Provide opportunities and options for young adults without a clear career path
- Engagement- Provide hands on experience with manufacturing careers
  - Boots on ground-ability to assimilate into work environments and interact with other employees-build relationships
- Crew leaders assigned and responsible for transport and supervision
- Allow participants the ability to earn a wage while participating
- Goal: Industry recognized credentials & employment in manufacturing
  - OSHA 10 Training
  - CPR & First Aid
  - Introduction to manufacturing

## Target Population

- Young adults ages 18-24 without a clear occupational plan
- Young adults identified by school teachers and counselors
- Some already enrolled in OMJ CCMEP Program

# The Columbus Dispatch

---

## **Internships allow Newark High students to try out manufacturing jobs**

**By Sheridan Hendrix**

Posted Aug 20, 2018 at 6:35 PM

Updated Aug 20, 2018 at 6:35 PM

NEWARK — Gage Kinser leaned in close and lined up the blue block of metal in the milling machine at C-TEC. With a steady hand, he then lowered a drill bit into the block, sending spirals of metal flying.

Just 10 weeks ago, the 18-year-old graduated from Newark High School without a clear plan of what he was going to do next.











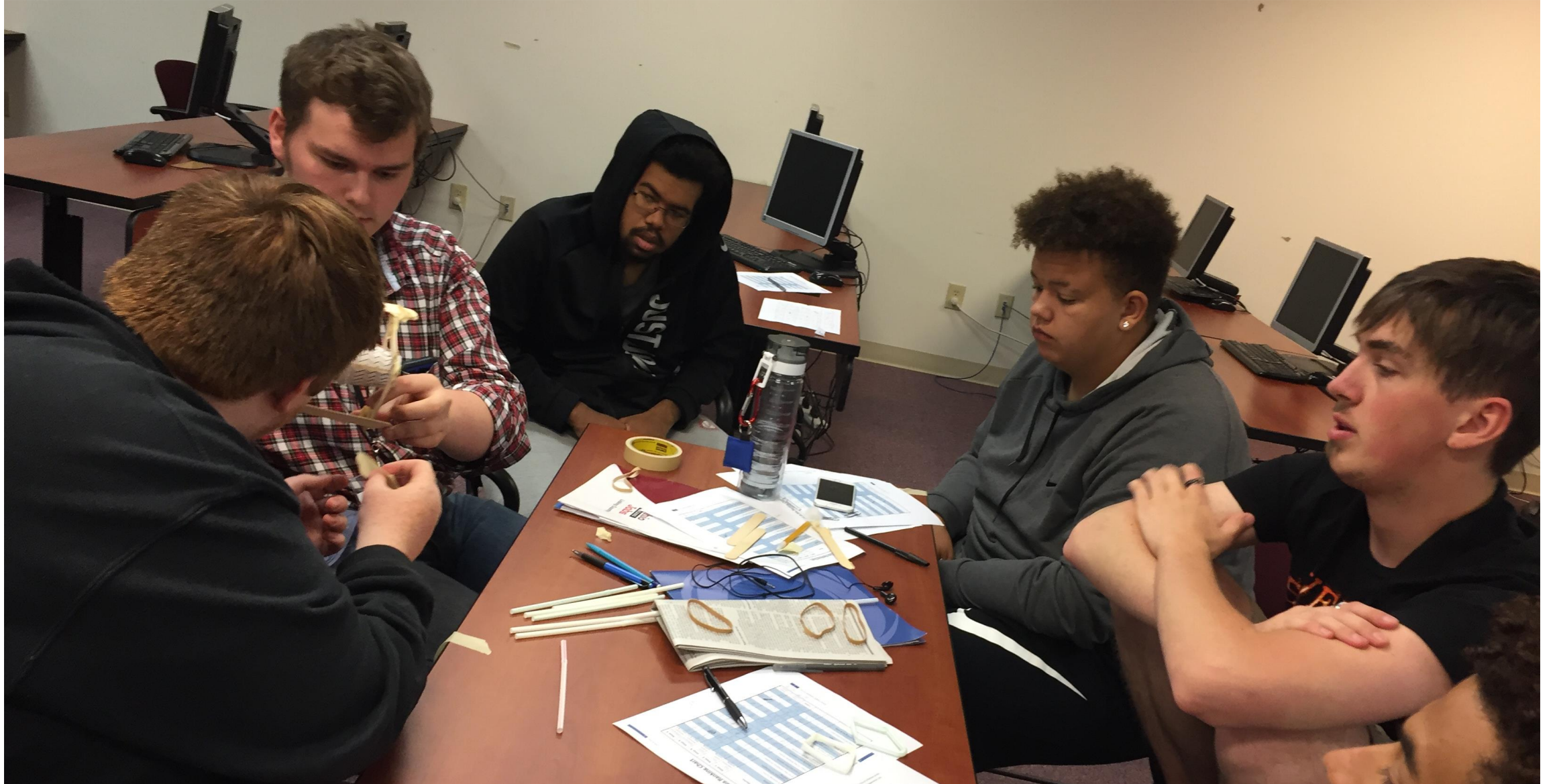


















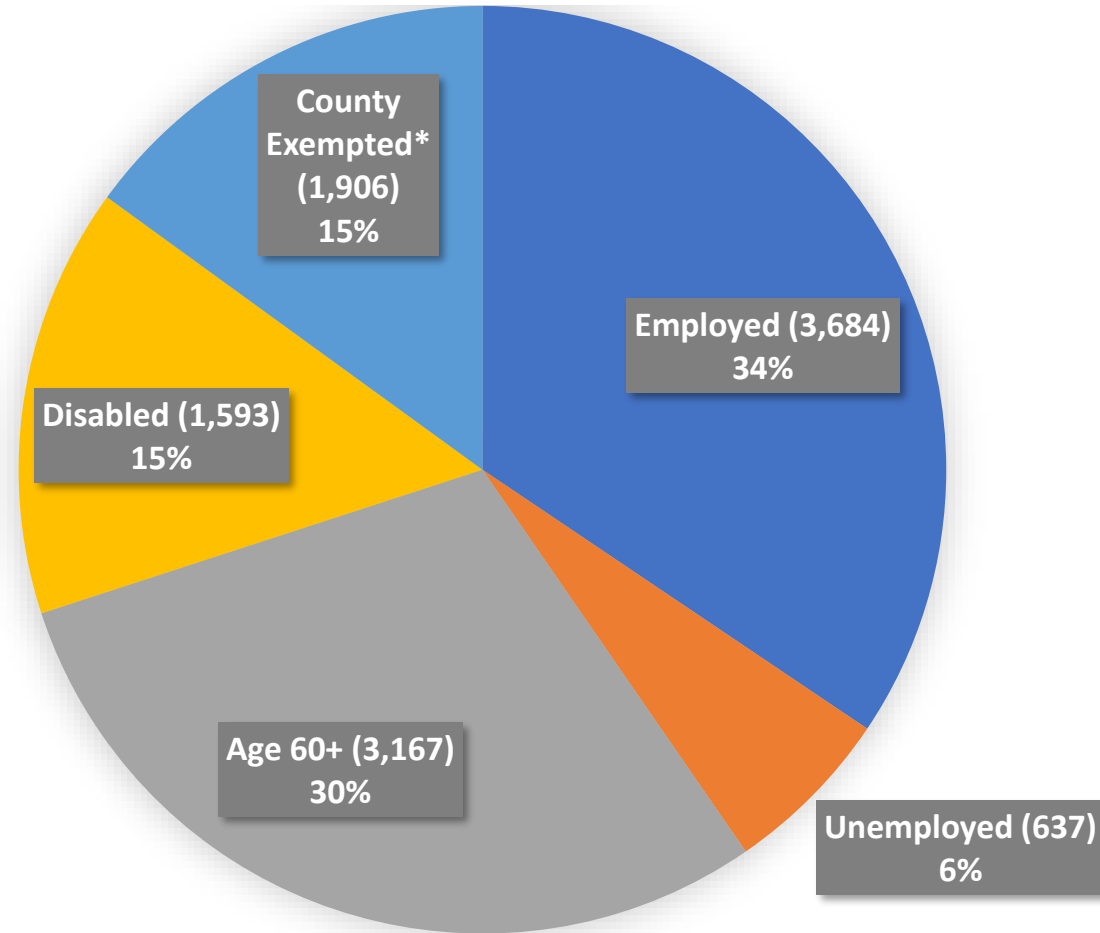


- Include employer tours at the beginning to help transition into work experience
- Friday workshops “blended” CCMEP Participants (Mobile Crew and non-mobile crew)-very beneficial
- Important for crews to have an “orientation” of business to understand product
- Rotate positions within the employer to give broader perspective
- Include more project based learning opportunities
- Schedule training one full day per week



# SNAP Employment & Training

## SNAP Adult Receipts (as of June 30, 2022)



\*Drug/Alcohol/MH treatment, pregnant, caring for incapacitated family member, county medical exempted

# SNAP Employment & Training Resources – Licking County

(FFY22 – Oct. 1, 2021 to Sept. 30, 2022)

## Case Management Resources

FAET 100% operating - \$41,197

FAET 50% operating - 49,432\*  
\$90,629

\*Requires 50% non-Federal match

# SNAP Case Management Resources

---

## Resources available:

Employed - 3,684  
Unemployed - 2,543  
6,227 = \$22.49/yr. per participant

OR Unemployed - 2,543 = \$55.08/yr. per participant



# Licking County Benefit Bridge

*Bridging the gap between Public Benefits and Independence*





# What is the Benefit Bridge?

The Benefit Bridge program is designed to assist individuals and families who have experienced a reduction or loss of Public Assistance Benefits due to employment

Licking County is one of the first 6 counties that participated in this Pilot Program.

- Allen
- Fairfield
- Hamilton
- Licking
- Meigs
- Stark

*First enrollment was June 1, 2021*

The Pilot has since been extended, and as of 2022, there are now six (6) additional participating counties.  
Franklin, Gallia, Hardin, Perry, Portage, Summit

# Initial Concept

Individuals decline employment opportunities and/or advancement due to suffering a loss of public assistance benefits.

*While True –*

- 1. Individuals make "rational" decisions*
- 2. Individuals "fear" uncertainties*
- 3. Individuals lack an ongoing plan for the future*
- 4. Individuals lack resources that would enable them to address "episodes" of need (crisis)*

# Eligibility

- Families who are receiving Public Assistance benefits (e.g. SNAP, OWF Cash, Medicaid, Child Care Subsidies)
- Employed
- Have income at or below 200% of Federal Poverty Guidelines
- Desire and ability to be independent and free from public benefits

*Benefit Bridge is not an entitlement program, and individuals with significant barriers may be referred to other workforce programs prior to being considered for Benefit Bridge*



# Program Goals

- 1) The agency shows a reduction/savings in the amount of public benefits paid
- 2) Participant achieving wage gains reducing the dependency on public benefits.
- 3) Participant achieving wage gains eliminating dependency on public benefits

# Intake and Assessment

- Benefit Bridge Application – Determine eligibility, verify that they are receiving either SNAP, OWF, Childcare or Medicaid
- Benefit Bridge Assessment - Once eligibility has been established, we will collaborate with the individual to complete a five-page evaluation that will aid us in identifying the individual's goals and challenges.
- Our team then uses this information to construct a Customized Success Plan. The Plan outlines four goals that they would like to achieve while enrolled in the program.

# Services Available

- Time limited short term support to temporary offset benefit loss (SNAP & Childcare)
- Access to transitional services for medical insurance
- Employment transitional, savings, and goal achievement incentives
- Comprehensive Evaluation and Training
- Employment-based advancement partnership
- Financial Literacy (GCF Learn Free and one on one appointments)
- Supportive Services (rent, utilities, transportation)

# Financial Literacy

## GCF Learn Free - Financial Basics & Money

- Financial Problem-Solving Strategies
- Assessing How You Manage Money
- Creating a Budget
- Credit
- Staying Out of Debt

*Average debt per participant =  
\$55,755.78*

## Individualized Financial Counseling

- One-on-one Financial Coaching with Partnering Financial Institutions
- Establishing three financial goals
- Monitor and evaluate monthly budget – twice monthly for three months
- Credit rating
- Savings

# Personal Goal Achievement Incentive

Additional \$500.00 will be offered for the achievement of up to 4 identified personal employment retention goals not to exceed \$2,000 total. Goals must be measurable, pre-identified, and documented. Specific employment retention measurable goals include but not limited to:

- Driver's License
- GED/Diploma
- Training completion/certification
- Pay-off of credit card/loan debt
- Completion of personal goal that is measurable

# Current Enrollment

Total Served: 64

53 Currently Enrolled and Active

11 exited program

*Nine of those individuals who been exited received pay raises and/or job promotions, as well as a reduction in Public Assistance Benefits.*

# Starting Income vs Current Income

## Average Hourly Wage

Starting - \$15.09

Current - \$16.71

Minimum Wage Increase - \$0.26

Maximum Wage Increase - \$10.00

Number of individuals who have received a wage increase – 35

# Participant Stories

- 28-year-old single mother of three
- Worked in Fast Food since she was seventeen years old & has always been in receipt of Public Assistance (Medical, SNAP, Childcare, HUD)
- Hourly wage \$9.30
  
- Enrolled in Benefit Bridge June 2021
- Worked with Benefit Bridge Career Coach
- Provided job readiness activities, resume & job leads
- Obtained better paying employment in retail with opportunities for benefits
- New starting wage \$14.00 per hour and has advanced to \$17.00 within 60 days.
- Transitioned off SNAP & created a savings account
- Received \$2,159.01 in Supportive Services, \$1,200 in employment incentives and \$500 Financial Literacy Incentive

To be continued.....



# Participant Stories

- 34 year old single mother of 1 child
  - Employed part time as a Health Care Provider since 2017 & has always been in receipt of Public Assistance (Medical, SNAP, HUD) and enrolled in Phlebotomy
  - Hourly Rate: \$17.29
  - Relying on ex-husband to help with expenses
  - Lacking in self-esteem
- 
- Enrolled in Benefit Bridge December 2021
  - BB Coach provided encouragement and support to apply for full time position as a Health Care Provider
  - Started full-time in January
  - Increased rent responsibility by \$109/month
  - Finishing Phlebotomy certification and will continue schooling for LPN in the Fall
  - SNAP closed within 3 months (receiving top off) and has created a savings account
  - Paid \$2,733 in supportive services, Earned Achievement incentives-\$750 and Financial Literacy incentive \$500



Randy Galbraith, Director  
Hancock CDJFS

# Successful Partnership: City Mission/FLC

City Mission/Fostoria Learning Center/OMJ-Hancock County Collaboration:

- First Class Welding Certification [WTOL News Coverage](#)  
Seven residents of the City Mission, a homeless shelter in Findlay, OH agreed to participate. All seven completed the course and became employed; most at more than \$20.00 per hour.
- Second Class Manufacturing Certification  
Seven residents of the City Mission participated; six graduated.

In total, 48 people were trained by this partnership in 2022. Of those 48 people, 24 participants were from City Mission; 18 became employed.

## City Mission clients graduate from manufacturing course

Six clients of the City Mission of Findlay have graduated from a new manufacturing program offered in coordination with Northwest State Community College and the Fostoria Learning Center.

Brian Roberts, Cierah Brady, Twyla Henderson, Dominic Lopez, Devon Rader and Elijah Gallegos recently graduated from the Certified Manufacturing Associate and Occupational Health and Safety Administration 10-hour course, conducted at the Fostoria Learning Center.

The six individuals from the homeless shelter completed the course in less than a month. To date, five of the six received job offers through a related

job fair.

The course provided entry-level manufacturing skills to the participants through a mix of online and hands-on training. OhioMeansJobs-Hancock County provides funding for this program and works with the participants on their journey to employment.

"The staff of OhioMeansJobs-Hancock County are very proud of these graduates," said Randall Galbraith, Hancock County Jobs & Family Services director. "They have taken a big step forward on the road to making a better life for themselves. Our job at OMJ is to offer support, both financial and educational, as well as encouragement to people looking to improve

themselves."

That encouragement is being noticed by Kathryn Bausman, executive director at City Mission.

"The difference in the guests who are involved in our workforce classes is evident," she said. "There is a sense of accomplishment and purpose that begins to show. You can see it in the way they show up for classes; even their advocacy meetings are different. There is anticipation about the future; I guess you can call it hope."

These classes continue to be housed at the Fostoria Learning Center, which offers the participants access to its mechatronic lab and computer lab three days per week.

# Successful Partnership: City Mission/FLC



Photo provided

**REPRESENTATIVES OF the City Mission of Findlay join recent graduates from the Certified Manufacturing Associate and Occupational Health and Safety Administration 10-hour course conducted at the Fostoria Learning Center. Pictured are (front, from left) graduates Dominic Lopez, Devon Rader, Elijah Gallegos, (back, from left) City Mission operations program manager Timothy McDowell, graduates Brian Roberts, Cierah Brady and Twyla Henderson, and City Mission director Kathryn Bausman.**

# Prevention, Retention & Contingency (PRC) Program

Prevention, Retention, and Contingency Program:

- Purpose is to prevent individuals from coming onto public assistance, retain them in their jobs, and address one-time emergency events that could disrupt someone's employment or training
- TANF Funded
- Used for: Transportation, Job Readiness, Education & Training Programs, Soft Skills

# CCMEP

## Comprehensive Case Management and Employment Program (CCMEP):

- Serves youth 14 to 24 years old
- Provides intensive case management services to in-school and out-of-school youth
- Program includes cash incentives for meeting certain educational or employment metrics
- OMJ-Hancock County currently serves 80 youth with two case managers

*Success Story: CCMEP program supplied a paid intern to the United Way of Hancock County. The experience and networking provided to the intern resulted in full time employment with a bank*

# Workforce Challenges

- Subsidized Childcare
  - Lack of available slots for eligible clients
- Importance of Funding and Program Flexibility
  - Hancock County and Athens County are similarly sized but vastly different economically, geographically and demographically

## County Comparison:

### **Athens**

Pop – 62,000

Median HH Income - \$42,414

% Pop in Poverty – 27.9%

% Kids in Poverty – 22%

Employment -

Largest Sector – Government

Unemployment Rate – 5.8%

### **Hancock**

Pop – 75,000

Median HH Income - \$57,384

% Pop in Poverty – 10.4%

% Kids in Poverty – 12%

Largest Sector - Manufacturing

Unemployment Rate – 3.4%

# Recommendations to Improve Workforce Programming for Public Assistance Recipients

1. SNAP Employment and Training – Improve the capacity to provide meaningful employment and training opportunities to work required individuals on SNAP. This requires the capacity to effectively case manage this population.
2. Ensure core county operations are supported by efficient operating systems and an adequate number of trained eligibility staff.
3. Consider investing flexible funds to serve populations who don't meet eligibility for programs like CCMEP or TANF. Flexible funds could also bolster outreach in employment and training programs. (examples: PRC only can be used for TANF-eligible. Employment Incentive Program is promising but very small.)
4. Streamline existing programs so they are less bureaucratic and more able to engage and meet the needs of participants.
5. Collectively identify federal barriers to effectively outreaching and providing services to populations in need, and partner on advocacy efforts.



# Ohio Medicaid Fraud Prevention

November 15, 2022

# Reviewing County-Administered/State-Supervised Concept

County JFS offices employ the frontline staff who operate the Medicaid application process

ODM supports the frontline workers in the following ways:

- In conjunction with DAS and JFS, maintain an eligibility IT system (Ohio Benefits) to be used by county workers
- Monitor latest state and federal developments
- Train and support county workers to ensure continued compliance with new regulatory changes
- Constantly look for ways to improve Ohio Benefits to reduce administrative burden for county workers

## Program Integrity—Eligibility

Ohio Benefits operates several automatic interfaces with various electronic data sources

- PARIS
- SWICA
- BENDEX
- BEER
- SDX
- DRC/DYS (to ensure individual is not incarcerated)
- IRS (for unearned income)

# Income and Eligibility Verification System (IEVS)

Federal statute and regulation require states to establish procedures for obtaining, using, and verifying information relevant to determinations of eligibility. ODM is required to obtain and share income and benefit information with the following sources:

- Social Security Administration (SSA)
- Internal Revenue Service (IRS)
- State Wage Information Collection Agency (SWICA)
- Agencies administering Unemployment Compensation (UC) benefits

ODJFS trains caseworkers on IEVS alert processing

## Public Assistance Reporting Information System (PARIS)

The Public Assistance Reporting Information System (PARIS) is a federal-state partnership that performs a data match of recipients to determine Medicaid or other public assistance eligibility. PARIS provides information regarding federal wages, Veterans Administration benefits, and duplicate benefits received in two or more states.

PARIS was created in 1998 and works with all 50 states, the District of Columbia, and Puerto Rico.

When Ohio receives a PARIS interstate match, Ohio Benefits sends a notice to the recipient's address to verify residency.

If the recipient does not respond within 10 days, Ohio Benefits generates an alert which notifies the CDJFS of the match and sends a second verification notice to the recipient. If the recipient does not respond, the caseworker terminates benefits.

## Other Electronic Data Sources

### State Wage Information Collection Agency (SWICA)

Operated by ODJFS

Employers required to submit employee wages to SWICA quarterly

### Beneficiary and Earnings Data Exchange (BENDEX)

Federally maintained system that provides SSDI and Medicare information

### Beneficiary Earnings and Exchange Record (BEER)

IRS earnings and tax data requested thru the BEER system providing earning and employer data for the last calendar year for individuals requested by the states

### State Data Exchange (SDX)

SDX is a batch data exchange that provides SSI data to states that administer federally funded income and/or health maintenance programs

## Verified or Just a “Lead”?

Federal statute at 5 USC §552a limits the use of electronic data sources for federal programs

- States are not permitted to deny, terminate, suspend, or reduce benefits until the information has been independently verified
- Or, if the source agency’s Data Integrity Board has a high degree of confidence in the data’s accuracy, independent verification is not required

Only the Social Security Administration’s (SSA’s) Data Integrity Board has indicated a high degree of confidence in data accuracy for two of their data sources, meaning the data is considered to be true and accurate without the need for follow-up confirmation by a county caseworker

- BENDEX
- SDX

## Verified or Just a “Lead”? (cont.)

All other data sources are treated as “leads” and information must be independently verified by the applicant/beneficiary before rejection/disenrollment action can be taken

ODM frequently looks for ways to free up county time by:

1. Looking for increased ways for automatic verification
2. Ex parte renewal
3. Eliminating unnecessary alerts

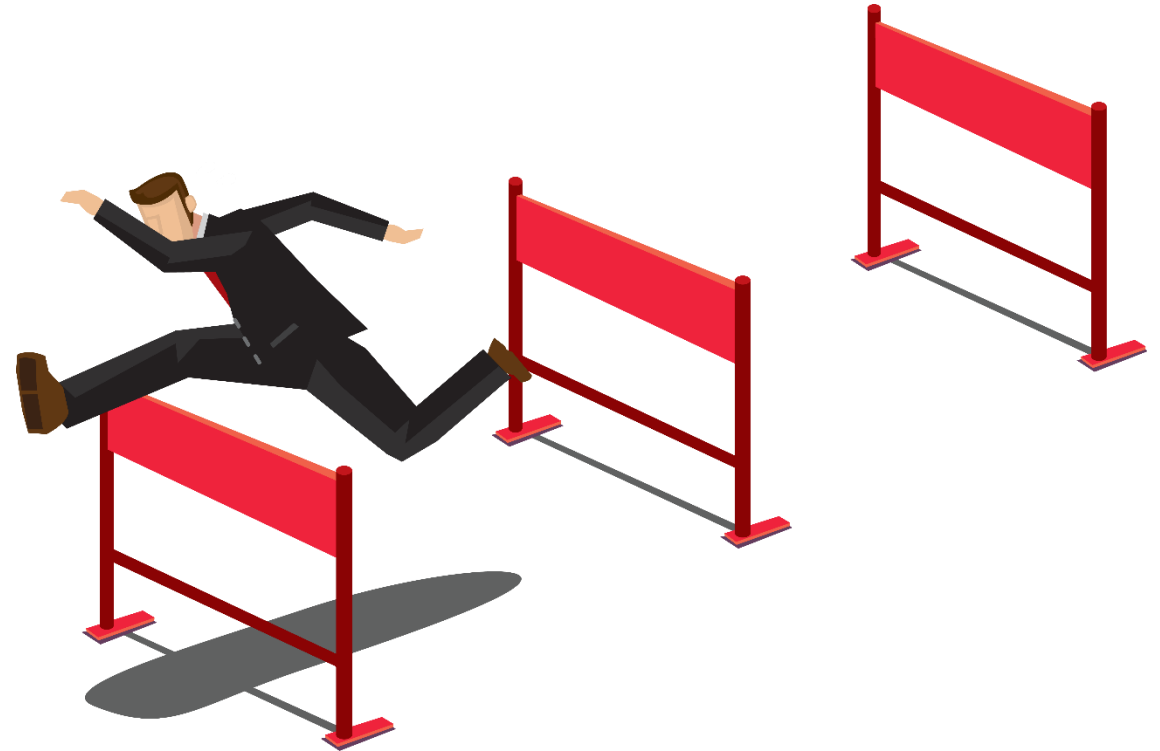


## Provider Fraud

- ODM works collaboratively with program integrity partners to address provider fraud
  - » Attorney General's Medicaid Fraud Control Unit, Auditor of State, Managed Care Organizations
  - » Collaboration maximizes our use of resources, ensures MCOs or ODM do not interfere in law enforcement investigations, and produces results
  - » ODM, sister state agencies, MCOs, and ODM vendors have submitted over 350 fraud referrals to the MFCU this year
  - » HHS-OIG named Ohio's Medicaid Fraud Control Unit its top unit in the nation for FFY 2022

# Next Generation of Medicaid Improvements

- **Focus on transparency and accountability**
  - ODM will have better insight into MCO claims
  - New MCO Special Investigative Unit staffing requirements
  - Single Pharmacy Benefit Manager Special Investigative Unit
  - Requirement that MCOs educate members on fraud, waste, and abuse
  - MCOs must ensure that at least 3% of total medical expenditures are subject to post-payment review





## Department of Job and Family Services

Mike DeWine, Governor  
Jon Husted, Lt. Governor  
Matt Damschroder, Director

Health & Human Services

# ODJFS Public Assistance Fraud Prevention Discussion

November 15, 2022



# Fraud Background

# Types of Fraud



**Recipient Fraud**



**Retailer Fraud**

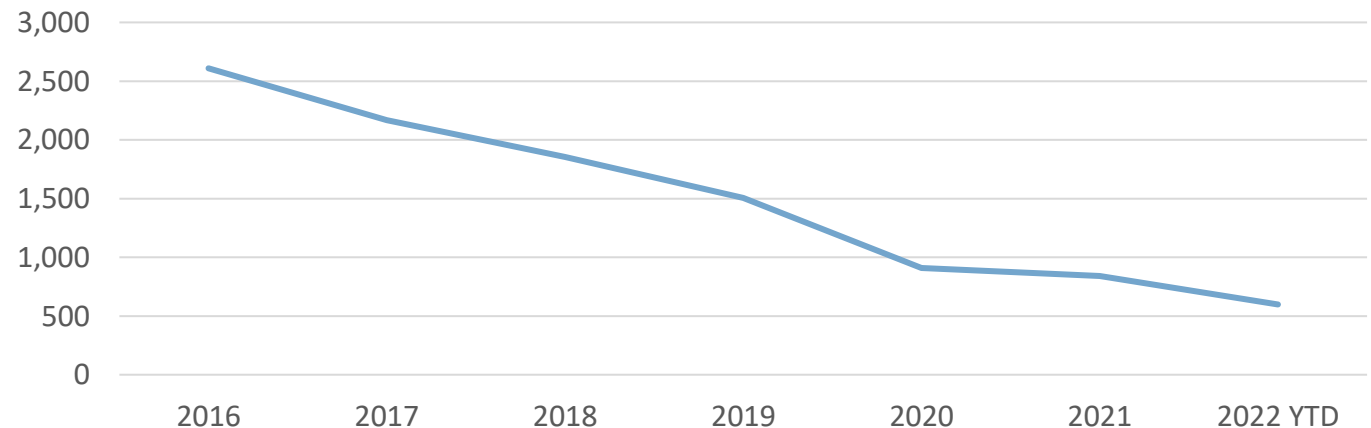
# Payment Error Rate v. Fraud Rate

## Payment Error Rate

- **Payment Error Rate** looks at the dollar amounts issued in error due to inadvertent household errors or agency errors. It does not include fraud.
  - Currently the payment error rate for federal fiscal year (FFY) 2022 is 6.82% (through May reviews).
  - Ohio has the second lowest payment error rate in the Midwest region.

## Fraud Rate

- **Fraud rate** is measured by the number of Intentional Program Violations (IPVs), as there is not an established rate.
  - Intentional Program Violations (IPVs)
    - **2016:** 2,611
    - **2017:** 2,170
    - **2018:** 1,855
    - **2019:** 1,506
    - **2020:** 910
    - **2021:** 841
    - **2022 to date:** 600



# Penalties for Fraud

## Penalties for an Intentional Program Violation (IPV):

**Individuals found to have committed an intentional program violation (IPV)** either through an administrative disqualification hearing (*ODJFS Bureau of State Hearings does these based on referral from the counties*), a federal, state, or local court, or who have signed either a waiver of right to an administrative disqualification hearing, or a disqualification consent agreement in cases referred for prosecution, **are to be ineligible to participate in the program as follows:**

First offense – **For a period of 12 months**

Second offense – **For a period of 24 months**

Third offense – **Permanently**

**Note:** *These penalties are the federal requirements, Ohio cannot change them.*

# Penalties for Fraud

## Special caveats for penalties:

- If the IPV is a result of selling SNAP benefits for drugs, the penalty is 24 months of ineligibility for first offense, and then permanently disqualified from SNAP for a second violation.
- If the IPV is a result of selling SNAP benefits for firearms, the penalty is permanently disqualified from SNAP upon the first offense.
- If the IPV is a result of receiving multiple benefits simultaneously, the penalty is 10 year period of ineligibility.

**Note:** *These penalties are the federal requirements, Ohio cannot change them.*



---

# Fraud Prevention

## *State and County Efforts*

*“ODJFS is certainly a leader when it comes to oversight and monitoring of county based SNAP fraud operations. Maintaining a handle on 88 counties is quite a feat – specifically, ensuring compliance with federal and state law, and promoting promising practices between one another, ODJFS does that and more. The OCOWF (Ohio Council on Welfare Fraud) conference and peer to peer learning has certainly assisted in these efforts. FNS (Food and Nutrition Service) appreciates all that ODJFS has accomplished, and continues to do so, to maintain program integrity and accountability”.*

- **Melissa Cundari, Food and Nutrition Service Midwest Regional Director**  
**United States Department of Agriculture**

# SLEB – Ohio State Law Enforcement Bureau Agreement with Department of Public Safety (DPS)



DPS investigates retailer and individual SNAP trafficking.



ODJFS shares reports with DPS that identify trends that potentially indicate fraudulent activity, and DPS monitors social media for trafficking schemes.

# SNAP Anti-Fraud Measures



Re-vitalizing the Early Detection and Prevention (EDP) program using Error Prone Profiles (EPPs)



Fraud prevention allocations for counties



Piloting Lexis-Nexus for ID and email verification



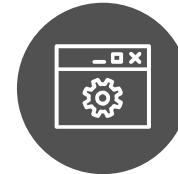
Lessons Learned from Unemployment Program



Raising fraud awareness to agency workers, recipients and the public



Enhancing county training efforts towards using existing reports in EPPIC (Electronic Payment Processing Information Control System) and CIAP (Conduent Intelligence Analytics Portal)



Data-Mining Project underway in the Bureau of Program Integrity/Fraud Control



Applied for the mobile card pilot

# OCOWF (Ohio Council on Welfare Fraud) Anti-Fraud Measures

- OCOWF- an association made up of county fraud workers for the benefit of promoting training and dedication to combating public assistance fraud in Ohio.
- The ODJFS Fraud Control Section works in concert with OCOWF to provide training to county investigators across the state. The collaboration allows county fraud staff be more involved in the topics and delivery of quality training as well as networking opportunities for an exchange of best practices.
- The department allocated \$2.5M toward fraud detection initiatives within county agencies. County Job and Family Services (JFS) offices have submitted plans for approval of the use of funding, all of which have been approved by ODJFS.

# OCOWF (Ohio Council on Welfare Fraud) Anti-Fraud Measures

## Some of the plans included:



Increasing the amount of county staff and/or increasing staff hours dedicated to work fraud referrals.



Implementing the Early Detection and Prevention (EDP) model in application screening and initial interviews to prevent authorization of fraudulent benefits.



Increasing community awareness through billboards, advertisements, and engagements.



Purchase of new equipment to streamline the process for fraud staff (i.e. scanners, tablets, cameras, recording devices etc.).



Investing in Risk Solution software packages that are tailored to their county needs.

# OWF (Ohio Works First) Anti-Fraud Measures

Like SNAP, an applicant or recipient of OWF can be found to have committed an intentional program violation by purposefully misrepresenting information on the OWF application in order to receive benefits they are not entitled to or more benefits than they are entitled to receive. County agencies are responsible for investigating and then pursuing an IPV.

- The IPV determination can be through either an administrative disqualification hearing (ODJFS BSH), a federal, state, or local court, or who have signed either a waiver of right to an administrative disqualification hearing, or a disqualification consent agreement in cases referred for prosecution.
- The penalty is ineligibility until the fraudulent assistance is repaid.

OWF fraud is included in our Investigations Training curriculum. Counties are advised to utilize Lexis Nexis for any fraud referrals they deem appropriate regardless of the category of assistance. We consider this to include SNAP, Cash Assistance, and Childcare.

# Best Practices Regarding Overpayment



SNAP rules require all overpayments to be collected and if an IPV is suspected, the county agency is to investigate and then pursue a finding of an IPV (through local court or administrative disqualification hearing), then impose the proper penalty.



In order to prevent overpayments or fraud, county workers are instructed to ask open ended questions during the eligibility interview to properly identify if changes occurred and the specific change, and to help identify discrepancies (e.g. ask how someone is paying their living expenses with zero reported income.)

---

# Fraud Prevention

*Across the U.S.*



# United States Department of Agriculture, Food and Nutrition Services

- Federal SNAP rules require states to take additional action to ensure that ineligible people do not receive benefits, e.g., cross checking information against several federal databases.



**FNS has a team of analysts and investigators located across the country that are dedicated to monitoring retailers' compliance with rules. FNS aggressively combats new fraud scenarios such as:**

- Monitoring stores and conducting undercover investigations;
- Update the definition of trafficking to include new schemes;
- Providing technical assistance to states on how to monitor social media and popular websites, such as Craigslist, for attempts to buy or sell benefits. Furthermore, FNS (Food and Nutrition Service) has contacted social media companies and websites for their help in preventing program fraud. Strengthening rules related to sanctions and penalties for retailers;
- Permanently disqualifying stores for trafficking and sanctioning stores for other violations such as the sale of ineligible items. ONLY FNS can disqualify retailers for fraud – NOT states.
- Notifying states about recipients with suspicious transactions so that the recipients can be further investigated.



# QUESTIONS?



OHIO JOB AND FAMILY SERVICES  
DIRECTORS' ASSOCIATION

Joel Potts, Executive Director

Public Assistance Benefits Accountability Taskforce  
November 15, 2022

- CONFIDENCE IN OUR PUBLIC ASSISTANCE PROGRAM IS PARAMOUNT TO SUCCESSFUL ADMINISTRATION OF PROGRAMS.
- THE PRIMARY DUTY OF THE COUNTY JOB AND FAMILY SERVICE AGENCIES' IS TO ENSURE CLIENTS RECEIVE THE SERVICES THEY NEED AND ARE ENTITLED TO OBTAIN AND SAFEGUARD PROGRAM INTEGRITY.

- JFS AGENCIES CONSTANTLY STRIVE TO PROVIDE A VIABLE, SAFE, EFFECTIVE, EFFICIENT SYSTEM WHILE MAINTAINING PROGRAM INTEGRITY AND OPERATE AS GOOD SHEPHERDS OF THE PUBLIC TRUST.
- OJFSDA WELCOMES THE CONTINUED OPPORTUNITY TO WORK WITH THE TASK FORCE TO DEVELOP RECOMMENDATIONS ON WAYS TO IMPROVE THE JOB AND FAMILY SERVICE SYSTEM AND ENHANCE PROGRAM ACCOUNTABILITY.

## COUNTY ALLOCATIONS FOR FRAUD PREVENTION/DETECTION:

1. **FRAUD PREVENTION & CONTROL:** GRF APPROPRIATION. \$2.5M/SFY STATEWIDE. NEWLY CREATED IN SFY22/23 BIENNIAL BUDGET THANKS TO LEGISLATIVE LEADERSHIP.

2. **FRAUD AWARENESS:** EVERY SPRING COUNTY AGENCIES RECEIVE A \$2,000 ALLOCATION SPECIFICALLY FOR FRAUD AWARENESS. THESE FUNDS CANNOT BE USED TO FUND FRAUD PREVENTION AND CONTROL STAFF TIME BUT MUST BE USED TO INCREASE COMMUNITY AWARENESS ABOUT FRAUD.



# Lorain County

## Fraud Unit/Claims Processing Unit

November 2022



# Why Lorain County?

- Top ranked in the state for several years in
  - Processing claims
  - Collection
  - Incentive money
- Reasons include
  - Did not layoff staff during the 2008 recession
  - Prioritized high dollar claims
  - Pursued cases in court
    - Specified worker to develop these cases
    - Retail trafficking





# Existing Challenges

Staff Turn Over

Funding (4 vacancies)

Ohio Benefits Worker Portal

Overwhelming Volume of Work

Decrease in Retail Fraud Investigation



# Common Fraud Activity: Client Reporting

- Unreported Income
  - Self-employment
  - Earned income
  - Unearned income
- Household Composition
  - Absent Parent in the home
  - Children not reported out of the home



# Common Fraud Activity: EBT Issues

- Retailer
  - High dollar transactions
  - Even dollar transactions
  - After hour transactions
  - Allowing unauthorized purchases





# Measures Taken to Prevent Fraud

## Pre-Authorization Review

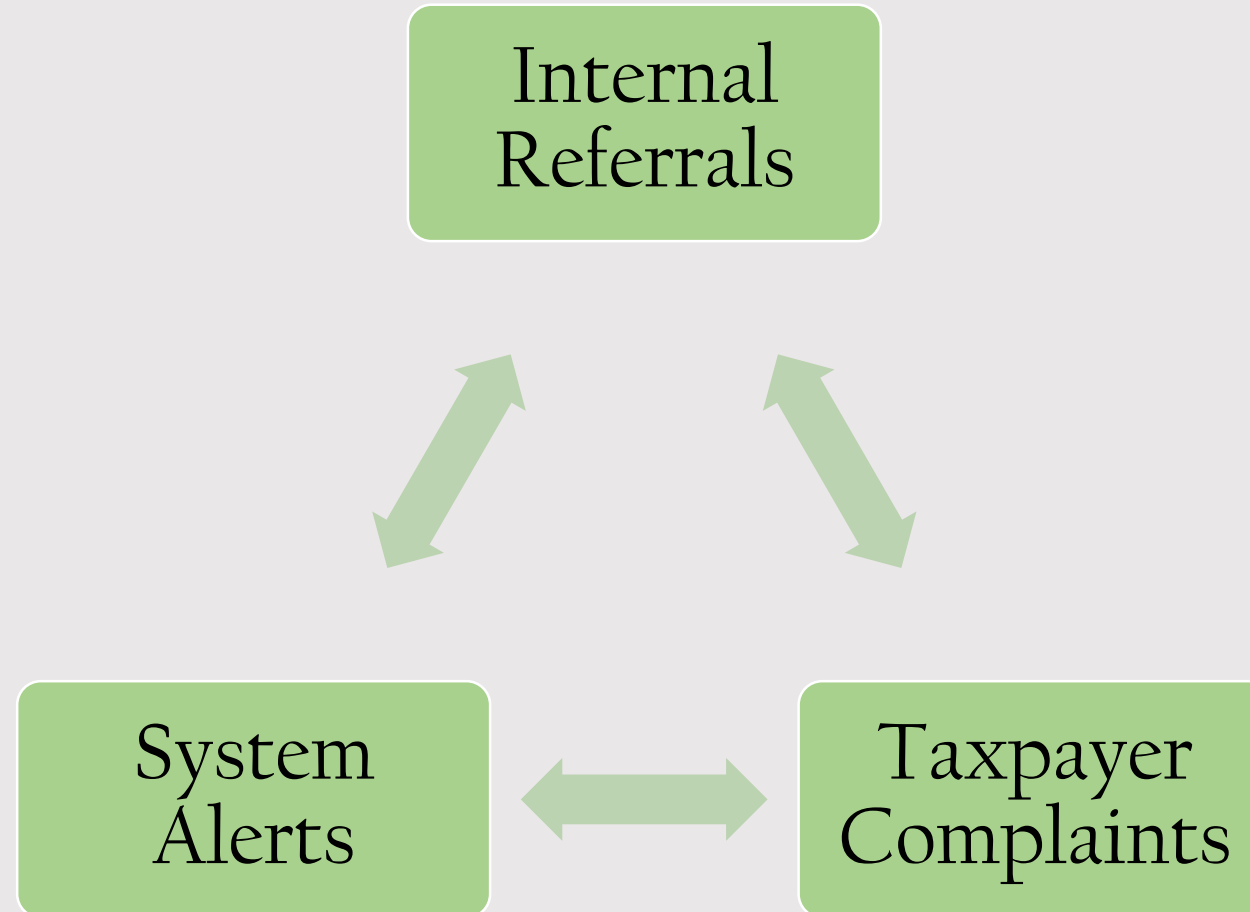
- CLEAR (Fraud Unit Referral)
- County Auditor webpage
- BMV
- Secretary of State business search
- Social Media (Facebook, Instagram, etc.)
- Google

## Advertising How to Report Fraud

- Billboards
- Bus placards
- Webpage
- Booth at the county fair



# Where Referrals Come From?





# Actively Pursuing Overpayments

Agency Error

Inadvertent Household Error

Intentional Program Violation

- Administrative Disqualification Hearing
  - 1-year penalty
  - 2-year penalty
  - Lifetime
  - And, dual residency: 10-year penalty

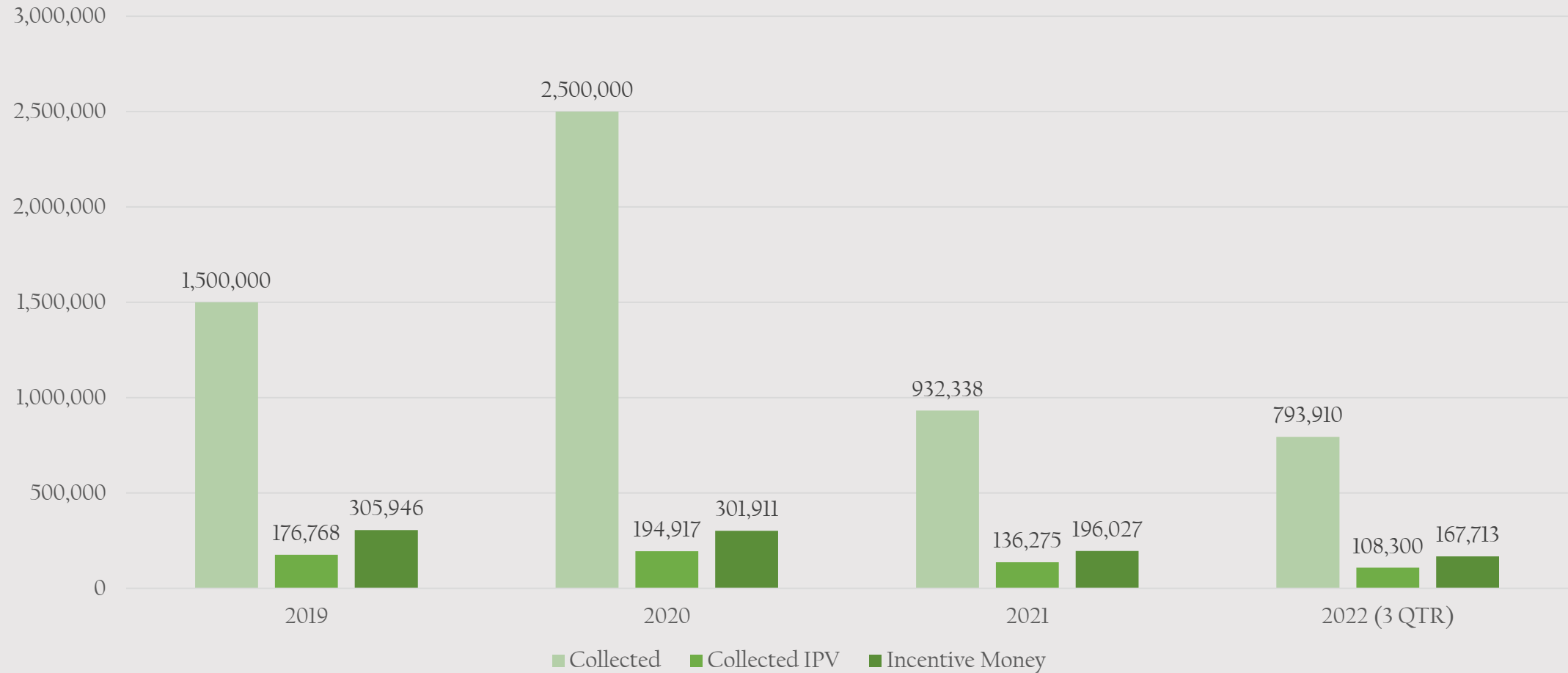


# Payment Due.....

- Doesn't matter the reason for the overpayment our mistake, their mistake or fraud. We pursue payment!
- Payment options
  - Volunteer payment
  - Recoupment from current benefits
  - Garnishment
  - Tax Offset Program
- Incentive Money for payment
  - IHE 20%
  - IPVS 35%



# Money Collected vs Incentives Received



7-14% of money collected was from an IPV





# Existing Challenges

- Staffing/Funding
  - 4<sup>th</sup> Benefit Recovery Supervisor in 8 years
    - Two retired
    - One promoted to State Hearing Officer
  - 6 investigators ideally- currently have 2
  - Prioritizing the needs of the agency  
(caseworkers vs investigators)





# IEVS Alerts (Income Eligibility Verification System)

- Astronomical volume of IEVS Alerts
  - Agency assigned special project
    - One day shutdown
    - 38 workers each spending 8 hours processing IEVS
    - 3536 IEVS completed
    - Only 5% of what was due for September
    - Would take 20 days of processing to complete all IEVS doing no other casework
  - Common for cases to have over 200 alerts
    - Each has to be cleared manually
    - Hours to complete
    - Duplicate records
    - Few Overpayments





[illegible]



# E-Verify Records Search

[Restore Search](#)[Save Search](#)[Search and Return](#)[Search](#)

## E-Verify Verification Criteria

**Business Purpose \*****Verification Category \*****Verification Source: \*****Select All****Batch Verification Sources**

- ☒ BENDEX (IEVS)
- ☒ SDX-SSI (IEVS)
- ☒ SWICA (IEVS)
- ☒ UCB (IEVS)
- ☒ Unearned Income (IEVS)

**RealTime Verification Sources**

## E-Verify Search Criteria

**Person \*****Status****IEVS Match**

## E-Verify Date Criteria

**Begin Date:****End Date:**

*To return only real time data records (not previously saved records) leave both the begin and end date fields blank. The E-Verify Record Search times out after retrieving records for 5 minutes. If search cannot be completed, please narrow search criteria and search again.*

\* - Indicates required fields

Results per Page: [Search and Return](#)[Search](#)[Refresh](#)

## Search Results Summary

Results 1 - 100 of 252

[1](#) [2](#) [3](#) [Next](#)

| Case Number | Case Name | Recipient Name | Verification Category | Verification Source                    | Date Received | Status   | Reviewed Date | IEVS Match |
|-------------|-----------|----------------|-----------------------|--|---------------|----------|---------------|------------|
|             |           |                | IEVS                  | <a href="#">Unearned Income (IEVS)</a> | 07/26/2022    | Reviewed | 08/30/2022    | Yes        |
|             |           |                | IEVS                  | <a href="#">Unearned Income (IEVS)</a> | 07/26/2022    | Reviewed | 08/30/2022    | Yes        |
|             |           |                | IEVS                  | <a href="#">Unearned Income (IEVS)</a> | 07/26/2022    | Reviewed | 08/30/2022    | Yes        |
|             |           |                | IEVS                  | <a href="#">Unearned Income (IEVS)</a> | 07/26/2022    | Reviewed | 08/30/2022    | Yes        |

After completing an E-Verify search, click on the hyperlink to review the information

# Income List

[Continue](#)

\* - Indicates required fields

► Root Questions

Search Results Summary

Results 1 - 1 of 1

Display  
From:

To:

[View](#)

| <input type="checkbox"/> | Name▲ | Category▼                               | Type▼         | Source▼ | Begin Date▼ | End Date▼ | Action  |
|--------------------------|-------|---|---------------|---------|-------------|-----------|---|
| <input type="checkbox"/> |       | Earnings                                | Salary, Wages |         | 07/01/2022  |           | <a href="#">Edit</a> <a href="#">View History</a> |
| <a href="#">Remove</a>   |       | Income Category: * <input type="text"/> |               |         |             |           | <a href="#">Add</a>                               |

| Review History - IRS |           |            |               |             |         |                               |               |               |            |
|----------------------|-----------|------------|---------------|-------------|---------|-------------------------------|---------------|---------------|------------|
| Status *             | Program * | Due Date   | Reviewed Date | Reviewer    | Pending | Results *                     | Dollar Amount | Time Worked * | IEVS Match |
| Reviewed             | MC 01     | 09/09/2022 | 08/30/2022    | Rachel Rios | No      | No Effect: Info Already Known |               | Mins. 1       | Yes        |
| Reviewed             | MC 02     | 09/09/2022 | 08/30/2022    | Rachel Rios | No      | No Effect: Info Already Known |               | Mins. 1       | Yes        |
| Reviewed             | MC 03     | 09/09/2022 | 08/30/2022    | Rachel Rios | No      | No Effect: Info Already Known |               | Mins. 1       | Yes        |
| Reviewed             | MC 04     | 09/09/2022 | 08/30/2022    | Rachel Rios | No      | No Effect: Info Already Known |               | Mins. 1       | Yes        |
| Reviewed             | MC 05     | 09/09/2022 | 08/30/2022    | Rachel Rios | No      | No Effect: Info Already Known |               | Mins. 1       | Yes        |

**\*Reminder: Complete a journal entry after review to explain result.**

Workers need to review the information already known to the case, check what is being reported in the match, and then list the appropriate status



# IEVS Mandate

- Pressure to increase timeliness by January 2023
- Requires us to focus mostly on IEVS
  - Backlog of Referrals
  - Decrease in Claims
  - Working potential overpayments vs known overpayments





# System Challenges

## CRISE-Legacy System

- Two screens required
- Auto-populated fields
- Could be modified easily
- Included all household members



# Legacy CRISE Example

BVBR  
COMMENTS

BENEFIT RECOVERY REFERRAL 08/21/18 15:37  
WMQW47 M WEBNER

CASE: ██████████ CAT: FS SEQ: 01 CLM SEQ NBR: 17 IM WORKER: WBJL47  
STATUS: OA OPEN-AWAITING CLIENT RESPONSE COMPLAINT DATE: 03082016  
TYPE: O OVER ISSUANCE REFERRAL DATE: 06122018  
REASON: 317 INCREASE IN EARNED INCOME DATE CHANGE OCCURRED: 01012014  
315 INCOME HAS NOT BEEN VERIFIED RETURN CLM TO ORIG CTY: \_\_\_\_\_

SOURCE: IV IEVS MATCH ORIGINATING COUNTY: 47  
AG NAME: ██████████ CLAIM COUNTY: 47  
ADDRESS: ██████████ ADMIN UNIT/SATELLITE: 47301 / 0  
ELYRIA OH 440350000 BENEFIT RECOVERY UNIT: BV900 ✓  
OVER/UNDER ISSUANCE PERIOD ALLEGED AMOUNT BENEFIT RECOVERY WORKER: WMQW47 ✓  
BEGIN: 03012014 ✓ ASSIGNED DATE: 08212018 ✓  
END: 03312017 ✓ 21390.00 DEADLINE DATE: 12312018 ✓  
SPLIT CLAIM: N  
NEXT TRAN: \_\_\_\_\_ PARMS: ██████████ /01/17

Type in acct #

AUG 27 2018

BVRC  
IHE  
AE  
IPV

BVET BENEFIT RECOVERY 08/21/18 15:37  
COMMENTS \*\*\* FREE FORMAT TEXT FOR CLAIM NOTICES \*\*\* WMQW47 M WEBNER  
\*\*\*\*\* CLAIM NUMBER \*\*\*\*\*  
CASE: ██████████ CAT: FS SEQ: 1 CLM SEQ NBR: 17 BV WORKER: WMQW47  
AG NAME: ██████████  
CREATED: ISSUED AMOUNT: 21390.00 ELIGIBLE AMOUNT: 0.00  
RECIPIENT: ██████████ CLAIM AMOUNT: 21390.00  
\*\*\*\*\* CALCULATION DESCRIPTION \*\*\*\*\*  
Failure to verify income.

NEXT TRAN: \_\_\_\_\_ PARMS: 5024150160/FS /01/17

BVET  
\$ Dollar amt  
and short reason  
(this printed on NDA)

IF IPV go to  
BVFV to enter  
info



# System Challenges

OBWP:

- Several screens need to be completed
- Each month created individually
- Manually add each household member
- Time consuming
- No adjustments- Cancel and Redo



# Current System: OBWP

Recovery Account Search

Receipt Search

Create Receipt

Create External Recovery Account

Recovery Account Workload Inventory

ITO Account Search

Overpayment Summary

Payment Summary

Repayment Term Summary

Notes List

Generate Form

Edit

Terminate

Close

Recovery Account Detail

Recovery Account Number:  
[REDACTED]

Recovery Account Type:  
Regular

Created By:  
2032276

Creation Date:  
06/01/2021

Case Number:\*  
[REDACTED] *enter case #*

CRIS-E Case Number:

Account Details

Program Type:  
SNAP

Discovery Date:\*  
05/05/2020 *pop*

Assigned To:\*  
MaryJo Loughner *Enter*

Cause:\*  
SNAP - IHE *choose type*

Primary Reason:\*  
Failure to Provide Essential Information *choose 2 reasons*

Secondary Reason:  
Increased / Changed Earned Income

Source:\*  
Eligibility Worker *choose 2*

Status:\*  
Active *pending*

Referral Status:

Investigations:\*  
None

Overpayment Start Date:\*  
03/01/2019 *populate*

Overpayment End Date:\*  
05/30/2021

Established Date:  
05/01/2021

Expiration Date:  
07/01/2021

Status Reason:\*  
Open Awaiting *pending*

Originating County:\*  
Lorain *pop*

30/60 Day Mail Date:

Fraud Identification Date:

Delinquency Date:  
07/01/2021

Account Balance

Original Balance: \$ 13,699.00

Total Recovered: \$ 0.00

Current Balance: \$ 13,699.00

Responsible Party\*

Persons:

| Name       | SSN        | Date of Birth | ITO | Status |
|------------|------------|---------------|-----|--------|
| [REDACTED] | [REDACTED] | 06/13/1981    |     | Active |

Resources:

| Name | Tax ID | Status |
|------|--------|--------|
|------|--------|--------|

Recovery Account History

| Status  | Status Reason | Status Date | Cause Code | Cause Date | Updated By |
|---------|---------------|-------------|------------|------------|------------|
| Pending | In-Process    | 06/01/2021  | SNAP - IHE | 06/01/2021 | 2032276    |
| Active  | Open Awaiting | 06/01/2021  | SNAP - IHE | 06/01/2021 | 2032276    |

Assignment History

\* - Indicates required fields

Last Updated On 06/01/2021 12:31:30 PM By: 2032276

Generate Form

Edit

Close

IHE

NE

IPV

click

Payment Requests

Collections

Issuances

Fiscal History

Expungements

Save

Recovery Account Search

Receipt Search

Create Receipt

Create External Recovery Account

Recovery Account Workload Inventory

ITO Account Search

Overpayment Summary

Payment Summary

Repayment Term Summary

Notes List

Responsible Party Detail

Edit

Close

Responsible Party Details

Person Name:\*  
[REDACTED] *Pick name*

SSN:  
[REDACTED]

DOB:  
06/13/1981

Address Override:  
[REDACTED]

Case Number:  
[REDACTED] \*

Status:\*  
Active

ITO Account Number:

Adjust:\*  
Yes

Monthly Statement:\*  
Yes

ITO\*  
Yes

Type:\*  
Primary

Recovery Account Summary

Recovery Account Number:  
[REDACTED]

Program:  
SNAP

Recovery Account Status:  
Active

Recovery Account Status Reason:  
Open

Prosecution Details

Bankruptcy Details

Small Claims Details

Responsible Party History

| Status | Adjust | ITO | Bill | Type    | Address                    | Updated By | Date       |
|--------|--------|-----|------|---------|----------------------------|------------|------------|
| Active | Yes    | Yes | Yes  | Primary | [REDACTED] LORAIN OH 44053 | 2032276    | 06/01/2021 |

\* - Indicates required fields

Last Updated On 06/01/2021 11:30:29 AM By: 2032276

Edit

Close

goes back to Detail

+ Save again



# Current System: OBWP

Recovery Account Search

Receipt Search

Create Receipt

Create External Recovery Account

Recovery Account Workload Inventory

ITO Account Search

Overpayment Summary

Payment Summary

Repayment Term Summary

Notes List

## Overpayment Detail

Remove Edit Close

Recovery Account Number: [REDACTED] Program Type: SNAP

Ineligible Month:

Benefit Month: \* 03/2022

Original Household Size: \* 1

Original Adjusted Income: \* 0.00

Original Allotment: \* 345.00

Correct Household Size: \* 1

Correct Adjusted Income: \* 1,560.00

Correct Allotment: \* 0.00

Overissuance Amount: 345.00

Transaction Distribution

\* - Indicates required fields

Last Updated On 10/05/2022 2:19:44 PM By: 2032276

Remove Edit Close

this screen need done  
for every month

All circled fields are completed  
by a worker.

The over issuance amt.

Recovery Account Search

Receipt Search

Create Receipt

Create External Recovery Account

Recovery Account Workload Inventory

ITO Account Search

Overpayment Summary

Payment Summary

Repayment Term Summary

Notes List

## Overpayment Summary

Add O/P Close

Program Type: SNAP

Recovery Account Number: [REDACTED]

Search Results Summary

Results 1 - 25 of 27

1 2 Next

| Benefit Month | [-----Original-----] |                 |           | [-----Correct-----] |                 |           | O/P Amount |
|---------------|----------------------|-----------------|-----------|---------------------|-----------------|-----------|------------|
|               | Household Size       | Adjusted Income | Allotment | Household Size      | Adjusted Income | Allotment |            |
| 03/2019       | 3                    | \$0.00          | \$505.00  | 3                   | \$9,999.00      | \$0.00    | \$505.00   |
| 04/2019       | 3                    | \$0.00          | \$505.00  | 3                   | \$9,999.00      | \$0.00    | \$505.00   |
| 05/2019       | 3                    | \$0.00          | \$505.00  | 3                   | \$9,999.00      | \$0.00    | \$505.00   |
| 06/2019       | 3                    | \$0.00          | \$505.00  | 3                   | \$9,999.00      | \$0.00    | \$505.00   |
| 07/2019       | 3                    | \$0.00          | \$505.00  | 3                   | \$9,999.00      | \$0.00    | \$505.00   |
| 08/2019       | 3                    | \$0.00          | \$505.00  | 3                   | \$9,999.00      | \$0.00    | \$505.00   |
| 09/2019       | 3                    | \$0.00          | \$505.00  | 3                   | \$9,999.00      | \$0.00    | \$505.00   |
| 10/2019       | 3                    | \$166.00        | \$459.00  | 3                   | \$9,999.00      | \$0.00    | \$459.00   |
| 11/2019       | 3                    | \$166.00        | \$459.00  | 36                  | \$9,999.00      | \$0.00    | \$459.00   |
| 12/2019       | 3                    | \$166.00        | \$459.00  | 3                   | \$9,999.00      | \$0.00    | \$459.00   |
| 01/2020       | 3                    | \$166.00        | \$459.00  | 3                   | \$9,999.00      | \$0.00    | \$459.00   |
| 02/2020       | 3                    | \$166.00        | \$459.00  | 3                   | \$9,999.00      | \$0.00    | \$459.00   |
| 03/2020       | 3                    | \$0.00          | \$509.00  | 3                   | \$9,999.00      | \$0.00    | \$509.00   |
| 04/2020       | 3                    | \$0.00          | \$509.00  | 3                   | \$9,999.00      | \$0.00    | \$509.00   |
| 05/2020       | 3                    | \$0.00          | \$509.00  | 3                   | \$9,999.00      | \$0.00    | \$509.00   |
| 07/2020       | 3                    | \$0.00          | \$509.00  | 3                   | \$9,999.00      | \$0.00    | \$509.00   |
| 08/2020       | 3                    | \$549.00        | \$509.00  | 3                   | \$9,999.00      | \$0.00    | \$509.00   |
| 09/2020       | 3                    | \$549.00        | \$509.00  | 3                   | \$9,999.00      | \$0.00    | \$509.00   |
| 10/2020       | 3                    | \$549.00        | \$535.00  | 3                   | \$9,999.00      | \$0.00    | \$535.00   |
| 11/2020       | 3                    | \$549.00        | \$535.00  | 3                   | \$9,999.00      | \$0.00    | \$535.00   |
| 12/2020       | 3                    | \$549.00        | \$535.00  | 3                   | \$9,999.00      | \$0.00    | \$535.00   |
| 01/2021       | 3                    | \$216.00        | \$616.00  | 3                   | \$9,999.00      | \$81.00   | \$535.00   |
| 02/2021       | 3                    | \$216.00        | \$616.00  | 3                   | \$9,999.00      | \$81.00   | \$535.00   |
| 03/2021       | 3                    | \$216.00        | \$616.00  | 3                   | \$9,999.00      | \$81.00   | \$535.00   |
| 04/2021       | 3                    | \$216.00        | \$646.00  | 3                   | \$9,999.00      | \$111.00  | \$535.00   |

Original Balance: \$13,699.00

Total Recovered: \$0.00

Current Balance: \$13,699.00

1 2 Next

Add O/P Close

DIRECTOR JOE PATTON  
ALLEN COUNTY JOB & FAMILY SERVICES

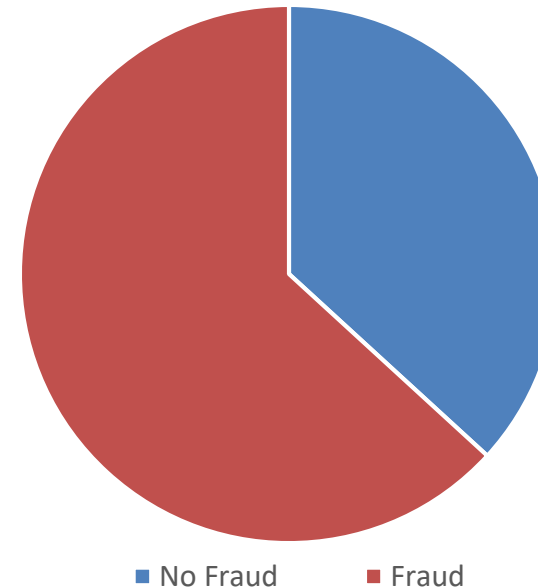
# Early Detection Program (EDP)

- The goal of the Early Detection Program is to stop fraudulent benefits from being issued.
- Applications with inconsistent or questionable information are flagged and sent to the Investigation Unit.
- Investigator verifies the individuals in the household and any income in the household.

## EDP Data

- From May 2022-October 2022, Allen County JFS received 3,049 applications for assistance.
  - Out of the 3,049 applications, 432 EDP referrals were received by the investigation's unit.
- Out of the 432 referrals, 273 (63%) of them found fraudulent activity.
  - Of the 273 fraudulent cases, 79 of them were single households.

EDP Investigations







- Of the 3,049 original applications between May 2022-October 2022, 9% were proven to be fraudulent.
  - This represents 20% of the error prone cases.

QUESTIONS?

**Public Assistance Benefits Accountability Task Force**  
**March 28, 2023**

Thank you for allowing me the opportunity to discuss the processing of public assistance cases to create efficiencies and reduce errors through the use of technology.

County departments of job and family services (CDJFS) administer one of the largest health, human service, and workforce systems in the nation, with one in four Ohioans receiving assistance from the local office at any point in time.

Technology is an integral part of the job and family service system, providing assistance to help determine eligibility - Enforce, collect and distribute child support - Investigate, protect and support vulnerable children and seniors - And provide workforce services.

A recent time study of county eligibility casework resulted in the following determinations, on average:

- Medicaid Intake – 45 minutes
- Medicaid Redeterminations – 34 minutes
- SNAP Intake – 76 minutes
- SNAP Recertifications – 35 Minutes

Annual county caseworker availability 4,011,120 hours – hours needed for applications and ongoing eligibility per year estimated 4,152,628 – a deficit of 141,508 (does not include training hours, workforce development (FAET), alerts, backlogs, NEMT, PRC, TANF, LTC complexities, system downtimes).

System automation provides tremendous opportunity to reduce hours spent on transactional activities. **Anything the eligibility systems cannot do automatically, must be done manually by county workers. It also means a caseworker's time is being spent on paperwork instead of casework.**

Local agencies currently utilize numerous computer systems, including:

- **Ohio Benefits (formerly CRIS-E)**
- **SETS**
- **SACWIS**
- **ARIES (OhioMeansJobs) - The Advancement through Resources, Information and Employment Services system is the integrated case management system for the workforce programs**

As well as:

- **EDMS**
- **CFIS**
- **MITs**
- **State Unemployment Insurance System**

Millions of pieces of information are entered into these systems daily. This information may be as basic as name and address – or far more complex data including court records, income information and health and safety reports.

Often the same information is entered numerous times into the various systems, either because the systems do not talk with each other (requiring manual entering data), or because rules and regulations are in place which prohibit the electronic sharing of data (federal tax ID).

The complexity of the JFS information structure was not intentionally developed to be this difficult. It has evolved over decades with decisions, interpretations, and system designs – with often limited resources, and too narrow of scope for the designs built into the various systems.

Needs will always exceed resources – and the more efficient we can become utilizing information technology, the better we can do.

Great strides have been made over the past few years in the development and utilization of state computer systems.

The state has heavily invested in new systems, modernize some existing ones, identified, and removed unintended barriers, and modernizing operations, meaning systems are already in place or under development which can make policy decisions easier and more cost effective to implement. These investments, in many instances, may make access to system upgrades easier to prioritize, less costly and more manageable.

There are numerous influencing factors which impact our work and ability to serve. They include:

- Federal Law
- Federal Regulations
- State Laws
- State Regulations
- Funding
- Training

Counties too need to own that we also share in the responsibility to best utilize I.T. systems to better serve Ohio residents. We must do our part to ensure our workers receive the training and tools, as well as utilize the practices developed by the state.

The pandemic has demonstrated the tremendous value of I.T. investments to allow greater access to clients and client information, enhancing the ability to serve and without the need for face to face meetings (utilizing phone technology, [call centers, outbound calls, audio signature], enhancing remote services [potentially reducing costs], improved communications and demonstrated more effective ways to apply technology to reach clients, conduct interviews and share information.

This various state legislative task forces (including the Task Force on Streamlining County Level Information Access and this Public Assistance Benefits Accountability Task Force) provides tremendous opportunities to identify what works, areas we can improve and identify barriers to improving services to be the most effective and impactful in serving Ohio.

**A period of tremendous opportunity:**

- Many of the tools we need are already in place
- We have tremendous state leadership
- Great legislative support
- Local agencies are eager to provide expertise and guidance on ways the systems may better work together to improve the system

The efforts and final report of the Streamlining County Level Information Access task force has already been tremendously impactful in assisting the state and counties forge ahead with a comprehensive strategy aimed at finding more efficient, effective, and accountable ways to administer our systems.

Through the task force efforts, we have found new ways to access information reducing redundancy and vastly improving our ability to better serve the residents of Ohio – helping residents receive the help they need and are entitled to, while also ensuring program integrity.

People come to us in crisis. The quicker we can address immediate problems results in reduced long-term dependency issues.

With better access to information, we can enhance the state's workforce strategy by more quickly identifying programs that support work and help Ohioans not just find jobs - but get careers. Through improved workforce supports we can build better relationships with employers and employees while strengthening Ohio's workforce.

With better use of our systems, we can do more to provide family stability, help keep families together and help make more informed decisions for the best care of children and seniors in our service.

We are making strides to more quickly access information to improve child support operations, which can ensure children are receiving the support they need and deserve. More efficient operations not only help diminish breaks in support collections but also reduce unnecessary court processes, costs to parents and increase an already stressful situation between the obligor, obligor and the children.

Since the beginning of the pandemic, we have heard a lot about remote work – does not just mean work from home (which can be beneficial). It also means through remote settings, and use of systems already in place, we can serve clients where they are and not just Monday through Friday, 8:00 to 5:00.

Furthermore, social unrest has demonstrated the disconnect many of our fellow citizens feel with their government. With better access to information, we can more easily connect with the residents in the state and serve clients where they are and when they need us, such as at:

- Community centers
- Churches
- Libraries
- Businesses (whether layoffs or hiring)
- Hospitals
- Nursing homes
- And on evenings and weekends

Look at how much cell phones have changed in the past decade (if only using for calls and text messages, wasting a tremendous resource)

The best utilization of technology must be built with flexibility in mind. Ohio Benefits is ten years old already – policy guidance throughout the development and implementation of this system over this time have come from the federal governments covering three different Presidential administrations.

**Examples of areas where better access to systems may enhance county services include:**

- Front desk worker
- Child removed from a home evening or weekend
- Domestic violence indicators
- Child support – a significant number of child support cases reside in multiple jurisdictions where direct and immediate access to existing information can resolve many issues and save time and effort necessary to verify case information. Without system access, we often must rely on snail mail. Communication challenges between multiple workers in various locations could be reduced or eliminate the need for lengthy court actions or delayed collections by being able to simply verify information such as medical support order compliance, employment, most up to date addresses, and ensuring notices are being sent and received by the numerous parties to a case. In many instances, these barriers to finalizing support orders could have been addressed by a simple verification of information already known to the system.
- Information verification for program integrity is also a valuable tool to identify, reduce and prosecute fraud.

Lack of access to information and better coordination of services is easily demonstrated early in the pandemic with the impact of the health care crisis in the Unemployment Insurance system. In hindsight, what a difference it could have made if county workers could have been allowed access to the state system and help clients verify the case was in process or if we could have helped U.I claimants reset passwords.

During the pandemic we have also experienced numerous new ways technology is allowing us to better serve our clients and this is also a wonderful opportunity to examine new ways our systems can enhance services. To be successful, access to information will be a significant component determining successful outcomes.

As an example, Zoom Calls – we can now utilize this technology to host visitations, visitations, meetings with doctors, foster parents, family members, other caseworkers and case managers. When properly used, this technology could help provide more access for parties involved in complex cases, less time commitment in travel, quicker decisions in cases in a child's best interest, a more reliable case record than relying on just case notes, and reduce costs. These desired outcomes will require better access to information and use of technologies.

**What does future success look like:**

- Continue to develop strategies to break down barriers
- Access information more quickly
- Less touch for caseworkers
- Reduce number of errors
- Faster service

- Quicker eligibility determination
- Reduced potential for federal penalties for errors
- Fewer trips to agency for consumers
- Support work

Significant progress has been made in the past couple of years to better utilize technology and more is on the horizon. But much more can be done and must be done to make our technology systems more impactful, including:

- Reducing the number of alerts (great tool but excessive duplicates and overwhelmed system could be addressed through BOTS and policy decisions)
- Notice Redesign
- Automated proactive Communications
- Passive Renewals (ex parte)
- Electronic Document Signature
- Improvements and better utilization of phone systems and electronic applications (APS?)

County agencies are committed to the work and help develop meaningful strategies to move our systems forward.

Everyone wants more and expects more from our workforce and public assistance systems and by improving our multiple I.T. systems, we can do more.





## Department of Job and Family Services

Mike DeWine, Governor

Jon Husted, Lt. Governor

Matt Damschroder, Director

# Streamlining Task Force

## *Executive Summary*

March 28<sup>th</sup>, 2023

# Agenda

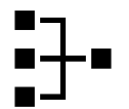
- 1 | Background and Purpose
- 2 | Work of the Task Force
- 3 | ODJFS Accomplishments To Date
- 4 | ODJFS Planned Efforts

# Background and Purpose

The **Streamlining County-Level Information Access Task Force** launched 12/7/21 with the goal of, *“Making recommendations on how county departments of job and family services, child support enforcement agencies, public children services agencies, and county OhioMeansJobs (OMJ) centers can streamline access to information across IT systems.”* The Task Force was given three primary objectives:



**Identify barriers to efficient operations** between information technology systems that affect both department and agency operations and services to clients;



For each identified barrier, **explore the feasibility of allowing county employees access to more than one information technology system** to provide better service to clients, including by analyzing the flexibility provided and prohibitions under federal law, regulation, guidance, and waivers;



**Prioritize which barriers should be addressed first** based on the outcomes and efficiencies to be gained by improved streamlining processes and information sharing.

## Background & Purpose: Taskforce Members

**Representative Jim Hoops** (R), Chairman  
**Senator Theresa Gavarone** (R)  
**Representative Daniel Troy** (D)  
**Senator Tina Maharath** (D)

**Ohio Department of Job and Family Services**  
**Ohio Department of Medicaid**  
**Ohio Department of Administrative Services**

**Stephanie Kowal**, Ottawa County JFS Director  
**Laura Repasky**, Franklin County JFS Chief Operating Officer  
**Corey Clark**, Fairfield County JFS Director PCSAO  
**Otis Crockron**, Athens County CSB Executive Director  
**Stacy Cox**, Champaign County JFS Director

**Dave Wigent**, Wood County JFS Director OCDA  
**Shayne Oehlhof**, Esq., Wayne County CSEA Director  
**Ginny Martycz**, Ph.D, Clark County JFS Director  
**Narka Gray**, Butler County CSEA Assistant Director CCAO  
**Shannon Miller**, Meigs County Commissioner  
**Claire Corcoran**, Clermont County Commissioner  
**Matt Carroll**, Chief Economic Growth and Opportunity Officer, Office of Cuyahoga County Executive OWA  
**Jason Ashbrook**, Director, SWORWIB, Hamilton County  
**Carolyn Fyffe**, Program Manager, OhioMeansJobs Pike County

# Work of the Task Force

## KEY ACTIVITIES OF THE TASK FORCE

---

**Invited 70 participants** across county agencies, Directors Associations, ODJFS, ODM, and County Commissioners

---

**Met as a full Task Force group seven times** throughout 2022, identifying key concerns, trends, and objectives

---

Held **dedicated informational sessions** focused on the Electronic Document Management System and Access Management

---

Facilitated a series of **eight sub-group meetings specific to each program area**, compiling and reviewing 35 recommendations

---

Worked with **State and Federal partners, system vendors**, and sister State agencies to identify potential barriers and solutions

---



**Engaged**, broad set of stakeholders representative of citizens and workers across counties, agencies and programs



**Extensive**, detailed efforts to document and understand pain points and improve the current system



**Collaborative**, cross-state and cross-agency effort to compile, review, and implement recommendations

# ODJFS Accomplishments to Date

Through the work of the Task Force, ODJFS has identified and implemented a number of significant changes and training efforts designed to improve operational efficiencies and the user experience for both citizens and caseworkers.



## **Granted View-Only Ohio Benefits Access to Additional Caseworkers**

In order to improve the client experience and simplify data collection and case management for caseworkers in other program areas, the Office of Family Assistance expanded view-only Ohio Benefits access to 2,000+ caseworkers in Child Support and Children Services.



## **Trained on Child Support General Data Screens**

Task Force meetings uncovered a gap in understanding and awareness of the Office of Child Support's "General Data Screens," which provide cross-system case information. OCS has developed new, extensive trainings on this resource and worked individually with counties to increase its utilization.



## **Made Ohio Benefits Data Available to PCSAs Prior to Custody**

One frequently-identified pain point was that PCSAs struggled to access needed information prior to the county receiving custody of a child. ODJFS conducted a comprehensive review of existing state and federal regulations and established a new overarching set of guidelines allowing information to be shared far more widely across program areas.



## **Centralized Workforce Resources**

The Office of Workforce Development developed and launched a new SharePoint site for OhioMeansJobs agencies and staff to make resources on system access, technical assistance, and hotline support readily available.



## **Consolidated and Shared System-Access Guidelines**

Across ODJFS, each program and system team developed and shared guidelines on how access is requested and managed for their specific system. These were consolidated into a single one-page guide for counties and have been made available within each program's innerweb or SharePoint site.

# ODJFS Planned Efforts

Recognizing the continuing nature of this work and the Task Force’s emphasis on implementing the values of cross-agency collaboration going forward, ODJFS has initiated a variety of additional efforts currently in progress:



## Improving Accessibility of Documents in EDMS

Currently, the Electronic Document Management System maintains separate “folders” for documents tied to each program area. Discovery sessions began in December with the focus of creating a single shared folder of key documents, to be accessible across program areas.



## Central Paternity Registry Training

The Office of Child Support has made significant enhancements to the Central Paternity Registry and will be developing and rolling out in-depth trainings for staff across agencies on how to utilize this resource.



## Cross-Office Interface Training

Each office within ODJFS has dedicated training staff to build a comprehensive guide to 83 existing interfaces connecting 5 state systems, to better help caseworkers find relevant, current, information.



## Long-Term Initiative Planning

Pending finalization of the Task Force Report, ODJFS has identified team members across policy, system, and legal to support implementation of identified recommendations.



# QUESTIONS?





# Child Support Compliance

Montgomery County Job and Family Services/Child Support  
Enforcement Agency  
Ohio CSEA Directors' Association (OCDA)



\*Additional data and information provided by Franklin  
County Child Support Enforcement Agency and Hancock  
County Job and Family Services



# Overview

Requirements for Public Assistance Recipients

Compliance beyond Public Assistance

County partnerships

# Public Assistance Requirements

Section 408 of the Social Security Act (42 USC 608) sets out the requirements for cooperation with child support when an assistance group receives TANF (Ohio Works First) cash benefits

- Requires cooperation with establishment of paternity or establishment, modification, or enforcement of a support order with respect to a child of the individual
  - Good cause exceptions
  - Assignment of right to child support payments

# Cooperation requirements

A parent, adult, or minor head of household, who is a member of the OWF assistance group of a child who receives OWF benefits, shall cooperate with the CSEA, unless the CSEA approves a good cause waiver of cooperation.

“OWF assistance group” means a group of individuals treated as a unit for purposes of determining eligibility for and the amount of OWF benefits.



# Good Cause

When the CSEA determines that cooperation from the parent, adult, or minor head of household is not in the best interests of the child or would make it more difficult for the parent, adult, minor head of household, or child to escape domestic violence, the CSEA shall approve a good cause waiver.

- Permanent good cause means no cooperation will be required
- Temporary good cause means cooperation is not required for a specified period of time

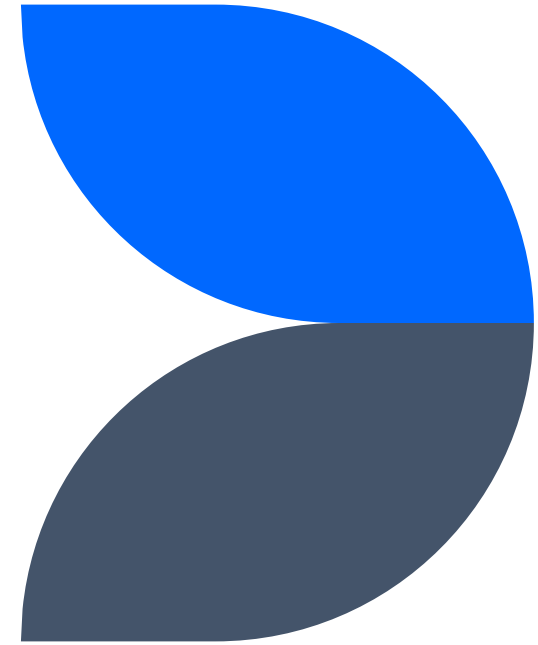
# Sanctions

When a TANF recipient fails to meet the requirement for cooperation, a sanction may be initiated on their case by the child support worker

- It is up to JFS to apply the sanction to the benefit; if it is applied:
  - Sanction applies to the person only and does not directly affect the child's benefits (but does impact the overall benefits that the household receives)
  - Sanction remains in place until compliance is achieved

# TANF Recipients

Snapshot



# Most TANF Households are Children Residing with Caretaker Relatives

- Grandparents, aunts, uncles caring for children in the place of the parents
- Households often on fixed incomes
- Accessing benefits to assist with caring for the child/ren
  - Note: child-only cases have no cooperation requirement for Caretaker relatives
- Not all counties can provide child support services to these caretakers if the caretaker does not have legal custody





# Statewide Numbers

|              | All case types | Caretaker cases | % of Caretaker cases to the total caseload |
|--------------|----------------|-----------------|--|
| Open cases   | 801,214        | 110,466         | 14% of cases                               |
| Current TANF | 62,686         | 40,669          | 65% of cases                               |

# Caseload Comparison

## Montgomery

|                 | All types | Caretaker | % of<br>Caretaker<br>cases to the<br>caseload |
|-----------------|-----------|-----------|---|
| Open cases      | 43,931    | 7,060     | 16.1%   |
| Current<br>TANF | 3,472     | 2,743     | 79%   |

|                 | All types | Caretaker | % of<br>Caretaker<br>cases to the<br>caseload |
|-----------------|-----------|-----------|---|
| Open cases      | 3,603     | 651       | 18%   |
| Current<br>TANF | 242       | 236       | 98%   |

## Franklin

|                 | All types | Caretaker | % of<br>Caretaker<br>cases to the<br>caseload |
|-----------------|-----------|-----------|---|
| Open cases      | 67,556    | 5,484     | 8.1%  |
| Current<br>TANF | 4,168     | 2,705     | 64.9%   |

## Hancock

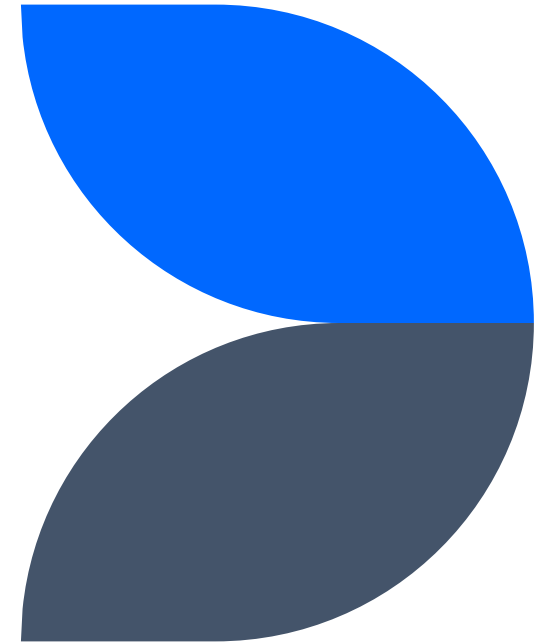
# Services for Caretakers

HB33 (Budget Bill) creates processes and procedures to allow for the establishment of paternity and support, as well as the redirection of a current child support order when a child is in the primary custody of a caretaker relative

- This includes both formal custody and informal (physical) custody
- Allows for resources to reach the household that is caring for the child
- Consistent services would be provided, instead of services depending on location

# Compliance

How can we improve compliance with child support beyond public assistance cases?



# Keys to Success

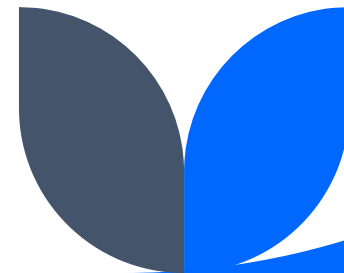
- Establishing and modifying child support orders based on ability to pay
- Local and statewide collaborations to engage parents and address barriers to child support payments
- Encourage participation in program
  - Marketing to potential program participants
  - Mediation services through grant programs
  - Early engagement
  - Parenting time orders available in some counties (when parties agree)
  - Educate public on child support program services

# Keys to Success

- Modernization of SETS (Support Enforcement Tracking System) through re-platforming (moving off the mainframe) and bringing in Human Centered Design
  - Manual reports and processes to be improved
- Connecting families with resources
  - Employment/Career Services through Ohio Means Jobs and Community Partners
  - Reentry
  - Parenting classes

# Keys to Success

- Increasing bandwidth of counties to provide intensive case management
  - Challenged by present workforce shortage
- Ensure the caretaker policy provisions in HB33 remain in the budget to allow for consistent services to be provided to caretaker relatives with physical or legal custody



# Partnerships

- Workforce Agencies and Employer Community
- Job and Family Services
- Children Services
- Fatherhood
- Courts
- Local Bar
- Domestic Violence Advocates
- Drug/Alcohol/Mental Health Counseling
- Reentry
- Grants





# County Perspectives

Montgomery and Franklin



# Franklin County CSEA

## Traditional Enforcement Measures

- Wage withholding
- State and Federal Tax Refund Intercept
- Passport Denial
- Credit Bureau Reporting
- License Suspension
- Lien and Asset Seizure
- Lump Sum
- Lottery, Casino, Racino Winning Interception
- Civil and Criminal Court Actions

## Enhanced Parent Engagement Strategies

- Community Outreach Events
- Education and Marketing
- On-Site Parenting Time Mediation
- Intensive Engagement
- Partnering with TANF for Employment Programming
- Partnering with Fatherhood Programming & Local Initiatives
- Safe Access for Victims' Economic Security



# Montgomery County Supportive Services

- *What are we doing to help families come into compliance with the child support program?*
  - Parenting Time Opportunity Program (PTOC)
  - Seek Work Opportunity Program (SWOP)
  - Path Ahead Program
  - Re-Entry Collaborative
  - Fatherhood Initiative
- *What do all these programs have in common?*
  - *Individualized Attention*
  - *Increased Resources*



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# THE BUCKEYE INSTITUTE

## **Ensuring Government Assistance Goes to Those Truly in Need**

Interested Party Testimony  
Ohio Public Assistance Benefits Accountability Task Force

Greg R. Lawson, Research Fellow  
The Buckeye Institute

April 18, 2023

As Prepared for Delivery

Chairs Schaffer and Wiggam, thank you for the opportunity to testify on the continuing need for improving accountability in Ohio's public benefits programs.

My name is Greg R. Lawson. I am the research fellow at **The Buckeye Institute**, an independent research and educational institution—a think tank—whose mission is to advance free-market public policy in the states.

The Buckeye Institute appreciates the task force reviewing integrity issues related to current public assistance programs, including Medicaid, the Supplemental Nutritional Assistance Program (SNAP), and county-based welfare-to-work programs. Public assistance policies should ensure that taxpayer resources effectively and efficiently reach those most in need while avoiding common misuses that have trapped too many in a vicious cycle of poverty.

I will begin with what Governor George Voinovich once called the **Pac-Man** of the state budget, otherwise known as Medicaid.

With the pandemic's national emergency officially **behind us**, Ohio may again ensure that only those eligible for Medicaid receive its benefits. The pandemic and Medicaid's 2013 expansion have ballooned the state's Medicaid rolls to include almost **3.6 million** or **nearly one-third** of all Ohio residents. In 2020, a federal audit **found** that due to Ohio's flawed eligibility determinations the state made erroneous Medicaid payments of \$77.5 million (federal share) on behalf of 51,219 ineligible individuals, and \$746.4 million (federal share) on behalf of 241,998 potentially ineligible individuals. And that was before the pandemic added to the rolls.

Medicaid's service quality has also been shown to suffer. A recent state auditor's **review** of the Medicaid determination process revealed that Ohio fell well below the national average in real-time application processing (less than 24 hours) in 2018 and 2019. That audit also found significant differences across Ohio's county-based eligibility systems that affected beneficiaries' experience with Medicaid system and likely created divergent outcomes. Many beneficiaries reported not being able to use the online portal, **Ohio Benefits**, and instead had to rely on county case workers. The General Assembly **appropriated** an additional \$30 million to help counties return Medicaid to its nonemergency posture, but more funding for staff and technical upgrades **may be needed** to ensure program integrity and consolidate administrative processes. And state policymakers should reconsider balkanized eligibility determinations and examine how other states have centralized and coordinated their operations. Ohio should explore further consolidation of Medicaid's administrative processes through regionally organized job and family services departments or the Department of Medicaid.

Holding service vendors accountable is another way to improve program quality and save taxpayers money. Ohio wisely implemented a robust data governance structure in line with the state auditor's **recommendations**, but future contracts must be carefully drafted to include positive and negative financial incentives for resolving technical issues and correcting system training deficits. And managed care organizations should be required to maintain and update appropriate contact information for Medicaid recipients to reduce administrative costs during re-determinations down the road.



Turning to other public assistance programs, The Buckeye Institute continues to encourage policymakers to strengthen work requirements for government assistance. Welfare reform that led to the Temporary Assistance for Needy Families (TANF) program demonstrated that work requirements help move people from government assistance into the workforce and give them a path out of poverty. As the Heritage Foundation **explained**,

*“During the late 1990s, employment of never-married mothers increased by nearly 50 percent, of single mothers who are high school dropouts by 66 percent, and of young single mothers (ages 18 to 24) by nearly 100 percent...*

*...as families left welfare and single mothers transitioned into work, the child poverty rate fell, from 20.8 percent in 1995 to 17.8 percent in 2004, lifting 1.6 million children out of poverty.”*

Other **research** has shown that the combination of government assistance programs creates serious disincentives for work by providing recipients more money and benefits than many entry- or mid-level jobs. Those jobs would lead to higher income and greater benefits in the long-run, so the high public assistance in the short-run perversely perpetuates a cycle of poverty and government dependency. To help break that cycle, policymakers should carefully examine work requirement waivers associated with any assistance program, especially in cases of able-bodied adults with no dependents.

Shifting briefly to the issue of photographs on SNAP EBT cards, The Buckeye Institute disagrees with **critics** who argue that photo IDs would stigmatize card users or dramatically reduce access to program benefits. But the policy’s utility remains inconclusive. According to the **Congressional Research Service**, most fraud with EBT cards involves collusion between card holders and bad-faith retailers, something a photo ID is unlikely to prevent. Nor will photo requirements stop overpayments due to agency errors, another significant waste of SNAP dollars. So, although a photo requirement may thwart some truly fraudulent and criminal behavior, its benefits are likely marginal.

In closing, looking beyond the strict purview of this task force, it would be much easier to overcome challenges facing public assistance programs if Ohio had a more prepared and vibrant workforce. Persistent and pervasive public assistance challenges reinforce the need for the General Assembly to quickly re-align incentives in our **K-12** and **higher education** systems so that Ohioans receive the skills they need to compete in the new, 21<sup>st</sup> century economy. Until then, reforming the state’s public assistance programs will remain more difficult and expensive than it has to be.

Thank you for your time and attention. I would be happy to answer any questions that you might have.

### ***About The Buckeye Institute***

*Founded in 1989, The Buckeye Institute is an independent research and educational institution – a think tank – whose mission is to advance free-market public policy in the states.*

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**Public Assistance Accountability Benefits Task Force**  
**Hope Lane-Gavin, Director of Nutrition Policy and Programs**  
**April 17, 2023**

Chairman Schaffer, Chairman Wiggam and distinguished members of the Public Assistance Accountability Benefits Task Force, thank you for the opportunity to testify this morning on the state of public assistance and public assistance access in Ohio. My name is Hope Lane-Gavin and I am the Director of Nutrition Policy and Programs with the Ohio Association of Foodbanks where we share many of the same goals as this task force: we want assistance programs to work effectively, we want to promote economic security and we want the Ohio Department of Job and Family Services and the County Departments to be well resourced to do what the United States Department of Agriculture and Congress have mandated them to do. We care about this fundamentally because, as Ohio's largest charitable response to hunger, we know that public assistance programs, specifically SNAP, is the first and most critical line of defense against hunger, providing nearly 1.5 million Ohio children, parents, workers, older adults, and disabled Ohioans with basic help to buy groceries.

I, like many people in this room, have been monitoring the presentations and testimony in this Task Force since the previous General Assembly. Throughout this time together, we have learned that the public benefits systems and infrastructure in place are far more complex and cumbersome for Ohio households and county workers than they should be and there are many improvements that can and should be made in the immediate. For example, there are many third-party vendors with major, high dollar contracts to implement and manage systems in our government and they are not always held accountable when they are not completing the terms of said contracts. Additionally, we've learned that too much red tape and bureaucracy not only prevents eligible recipients from accessing the benefits they are entitled to in a timely manner but hinders the ability of County workers to do their jobs in an efficient and compliant way, remember those alerts we've heard so much about?

Recently, advocates and beneficiaries alike have begun taking matters into their own hands by taking legal action when benefits, and therefore food, cannot be accessed because of broken administrative processes. [Alaska](#) is the latest state facing this challenge at unprecedented levels, resulting in a lawsuit against the Alaska Department of Health over the Department's failure to provide SNAP benefits to vulnerable communities. The suit alleges, among other things, that



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- DOH failed to process new applications, expedited applications and recertifications within the timeframe required by federal law.
- For the current fiscal year, only 57% of initial SNAP applications, 42.8% of expedited applications, and 34.6% of recertifications have been processed timely.

Additionally, significant barriers are persistently in place preventing people from even filing applications. These include:

- Limited in-person office access (an issue persistent in Ohio since the pandemic)
- Extensive call center wait times (an issue persistent in Ohio, see [this](#) Plain Dealer article)
- Failure to provide translation services

Ultimately, these are federally-funded benefits that the State is mandated to make accessible in a timely and equitable fashion. Our shared focus, following the completion of this Task Force and in consideration of what we have learned about items such as insufficient staffing and funding, a lack of transparency from and oversight of third-party vendors, and opportunities to streamline and improve access to and Quality Control of programs like SNAP, should be to:

- Invest more resources into the human infrastructure required to deliver services
- Subject vendors to more scrutiny, such as penalties for failure to deliver promised services, requirements for additional reporting on performance benchmarks and customer service, etc.
- Require more publicly available caseload, customer service, and timeliness data

Not only do the administrative burdens paired with poor customer service annoy and impoverish families and erode trust in government, but it's costing the state a lot of money.

Thank you again for the opportunity to testify before you today. I would be happy to answer any questions you may have.

Thank you.



Greater Cleveland  
Food Bank





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TESTIMONY OF JOSHUA GOODWIN  
FROM THE LEGAL AID SOCIETY OF COLUMBUS  
TO THE PUBLIC ASSISTANCE BENEFITS ACCOUNTABILITY TASK  
FORCE

Chair Schaffer, Chair Wiggam, and members of the Task Force, my name is Joshua Goodwin, and I am the managing attorney for the public benefits team at the Legal Aid Society of Columbus. I am here to testify about how our clients, recipients of many of the benefits this Task Force has been discussing for the past several months, view public benefits, how important they are, and how they experience the public benefits system.

For the past 15 years, I have had the pleasure of working at two of Ohio's legal aid programs. For 14 years, I worked for Southeastern Ohio Legal Services, which covers 30 of Ohio's most rural counties. There, I regularly helped low-income Ohioans not only with accessing public benefits like Medicaid, SNAP, and OWF, but with their other civil legal needs as well. Now, I am with the Legal Aid Society of Columbus where the entirety of my practice is devoted to helping low-income Franklin and Madison County residents with accessing public benefits.

Be it in our big cities like Columbus, our small villages like Piketon, and everything in between, including my beloved hometown of Lancaster, I've helped Ohioans of all backgrounds navigate many of Ohio's public benefits systems. I've seen just how important these benefits are to my clients, and the struggles they have in navigating the





systems as they currently stand. Today, I'd like to share with you some of what I have seen and learned.

For the vast majority of my clients, they do not like the idea of being on public benefits. They are appreciative the benefits exist, but they do not want to have to rely on public benefits. I can't tell you the number of folks with severe disabilities who have told me how much they wish they could work and not have to rely on SNAP and Medicaid and OWF. I'm reminded of "Bill"<sup>1</sup> from my time in Southeastern Ohio. He was in his early 50s with a teenage son who he had sole custody of. Bill never finished high school, and if I'm remembering correctly, I'm not sure he even made it to high school. His whole life, he laid brick. But in his early 50s, his body and back simply couldn't do that any more. When I first met Bill in the lobby of the County Job and Family Services office, he winced in pain as he stood from his chair to shake my hand. When I tried to wave him to sit down he refused, because the first thing you do when you meet someone is stand up, look them in the eyes, and shake their hand even if it hurts.

Bill was at Job and Family Services yet again to try to keep getting his OWF and SNAP. The mother of his child was out of the picture and not paying child support. He couldn't lay brick. In fact, he couldn't do any physical jobs. He had applied for other jobs, but nobody in his small county wanted to hire a 50-something man with a bad back, who wasn't too good with words, and by his own admission, wasn't very good at making the numbers add up. He had recently applied for Social Security Disability, but that process was moving slow, and in fact, it would end up dragging out over a couple of years before he was approved. Unfortunately, that's not an uncommon issue with Social Security. He simply needed help during the period of time that he was waiting on Social Security to come through.

---

<sup>1</sup> All names are pseudonyms of former or current clients of the Legal Aid programs I have worked with.



After I convinced Bill to sit down, he made it clear he really didn't want to be on OWF and SNAP. If it weren't for his kid, he'd rather just go hungry and be homeless. But he wanted better for his kid. He wanted his kid to have a better shot at staying in school than Bill had. Over the next several minutes in the lobby, while we were waiting to be called back, Bill talked about laying brick. When I think about Bill, I think about him talking about his brickwork. He took such pride in it. As bad as his back was, it wasn't nearly as broken as his pride was, sitting in that lobby. He wanted to be laying brick, not asking for help.

Bill's not unique. From the man missing a leg and an eye I met at the VA in Chillicothe, to the single mom working two jobs, to the citizen I met in March who came from one of the camps in Nepal with a knee the size of a cantaloupe who was determined to work at all costs, not one of them was proud or happy to be receiving public benefits. All were appreciative, but not one was happy. They would all rather work and make enough money so that they did not have to rely on these benefits.

Are there some of our neighbors trying to take advantage of the system? Sure. But in my experience, they are few and far between. The overwhelming majority of the folks I have helped are working as hard as they can to not have to need these benefits. Unfortunately, disabilities, injury, bad luck, or some combination of events beyond their control led many of my clients to needing them.

That said, I have had a number of clients who failed to take all the steps necessary to maintain their benefits. This is almost always due to a misunderstanding about what they were supposed to do or turn in or report. That's not surprising. I remember when I first started with Legal Aid and saw some of the notices my clients would receive and ask me about. I had a law degree, but I couldn't figure out from their notices what had happened on their cases or why. Even after 15 years of looking at things like this, I was recently reviewing a Medicaid renewal packet and found



myself unsure how to respond to some of the questions. In trying to advise clients about how the SNAP and Medicaid programs work, I regularly wade through the various provisions of not only the Ohio Administrative Code but federal regulations. It's amazing how much nuance exists in all these programs, and it can be a real struggle for our clients to understand all these requirements.

In addition to being complex, these benefits can also be hard to access for some. For example, I regularly have clients who spend 10 or more hours trying to complete the SNAP application process because it is so hard to reach a case worker at Job and Family Services to complete an interview. They often spend all this time waiting on the phone on hold over the course of several days only to get a denial letter for not completing their interview. They then have to call us, and we are usually able to use our connections to help them complete the application process.

Perhaps there are technological solutions that could help with some of these challenges in processing cases. I would note that there is already a portal that my clients can use, though a lot of my clients have told me they don't like to use it. They have uploaded documents only to later learn that JFS staff are unaware they were uploaded. They have applied through the portal only to find out that their application was never received. More importantly, it is difficult to use on a mobile device, which is often the main or only way many of my clients access the internet. Any technology-based solution that is not designed with mobile first in mind will struggle with client adoption in my experience.

Additionally, even a perfectly designed, mobile-first platform will still pose barriers to many of my clients. There are still many folks out there who struggle with using a phone or the internet. A lot of my clients have rather low technology literacy.

These technological barriers are exacerbated in the more rural parts of our State where there are still large pockets without affordable, reliable broadband and cellular service.



So, if most of my clients do not want to be on benefits and if they find it so hard to navigate the system, why do they do it? Why do they sign up for these public benefits? The reality is, they don't have much of a choice. For some of them, not being on Medicaid could mean suffering serious health consequences or worse. I recently talked with a couple out in Reynoldsburg who had three kids. He worked full time, and she tried to help raise the kids as best she could, but her Luekemia and other health conditions made that hard. They had heard in the news that a lot of people were going to lose their Medicaid as a result of the end of the continuous enrollment requirement, and they were worried about their Medicaid coverage. They were barely making ends meet as it was, and there was no way they would be able to purchase insurance they could afford or pay the out of pocket costs for the drugs that she needed. Without Medicaid, she would be in a bad situation.

SNAP, OWF, and child care are just as important. I have had more than one client show up at eviction court at risk of homelessness because they didn't pay their rent and tell me some version of, "I had to choose between paying the rent and making sure my kid had food to eat." When I asked why they weren't on SNAP, the answer was often that they had been, but there was a problem with JFS and they lost their benefits. When we would reach out to Job and Family Services about their SNAP, the answer was usually that there had been some mix-up or paperwork had been misplaced and they would then get their SNAP benefits put back on their card. But by the time it got fixed, for some of them, they'd already lost their home at the eviction.

For Janeka, child care was crucial to her being able to keep her job. She called me earlier this year because she'd been told her child care would stop. She couldn't afford to pay the cost of child care and her rent and keep her family fed. Moreover, she couldn't understand why her child care had been denied as she didn't make too much money to qualify. By the time she called us, she was within a few days of losing her job, because while her boss had been understanding of her having her child with her at work the first couple weeks, patience was wearing thin. We reached out



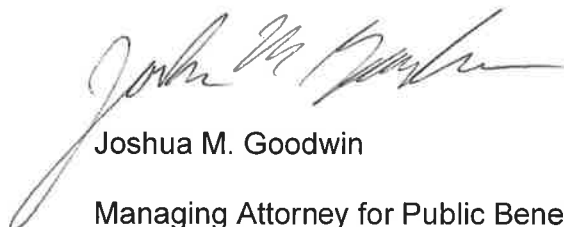
to JFS and learned that there had been a mistake and her child care never should have stopped. She'd tried for weeks to figure out what was wrong, but she couldn't get anywhere until we got involved. Fortunately, she was able to keep her job and get her kid back into child care the next day. But she was within a day or two of losing her job as a result of this mistake.

For so many of our clients, these benefits are vital. Minor mistakes can lead to the loss of a job, the loss of a home, and potentially dangerous health outcomes. Based on my experience, every additional reporting requirement and paperwork requirement is another potential point of failure that can lead to these outcomes. Even additional questions can be points of failure for recipients. They also can lead to more places for system or county caseworker errors to occur. Not because of anything malicious or intentional by either our clients or the folks at JFS, but because our clients have a lot of struggles in their lives and the case workers at JFS have a lot on their plates too.

And so, I'm not here today to ask you to make any specific recommendations in your report. I'm not here to ask for this change or that. Instead, I hope that I've been able to help provide perspective on these systems from my clients' point of view. I hope I have helped provide context for how many Ohioans interact with and are impacted by these systems, and just how important they are to so many of our friends and neighbors across the State. And I hope that as you are making your recommendations that you will keep these perspectives in mind.

I'd like to thank the Co-chairs and the members of the Task Force for the opportunity to share my testimony with you. I would be happy to answer any questions that the Task Force may have.

Respectfully,



Joshua M. Goodwin  
Managing Attorney for Public Benefits





## Advocates for Ohio's Future

Testimony to the Public Assistance Benefits Accountability Task Force  
April 18, 2023

Chair Schaffer, Chair Wiggam, and members of the Public Assistance Benefits Accountability Task Force, my name is Kelsey Bergfeld and I am the Director of Advocates for Ohio's Future. Advocates for Ohio's Future (AOF) is a nonprofit, nonpartisan coalition of over 500 state and local health and human services policy, advocacy and provider organizations that strive to strengthen families and communities through public funding for health, human services, and early care & education. Our coalition believes in investing in our state's most valuable resource—our people—to ensure that they are safe, healthy, and can access pathways to prosperity for themselves and their families. A full list of AOF Steering Committee members is included at the end of our testimony and also available at [www.advocatesforohio.org](http://www.advocatesforohio.org). Thank you for the opportunity to provide testimony today on the important work of this task force.

As a coalition of a broad range of health and human service organizations, we unite to identify and prioritize the greatest needs of people and families across the state. We support public programs that provide economic security, help people get to work and empower Ohio residents.

AOF and our member organizations agree with and support a number of the objectives of the task force and are encouraged by the time taken by this body to study these systems, assess what is working well and what needs to be strengthened.

We can agree that we want the system to work better and more efficiently for people who need these programs as well as caseworkers and program administrators. We want to support our county jobs and family services agencies who connect people to the help and supports they need to get back on their feet and reframe the experience between client and caseworker from transactional to transformational. We want to reduce errors. We want to support investments in programs that remove barriers to work and incentivize paths to critical occupations. Most of all we want to help people and families in times of crisis, ensure their basic needs are met to help them stabilize, then support their path to self sufficiency with resources, guidance and opportunity.

We were encouraged to hear the many steps already taken or in progress by state and county agencies to reduce inefficiencies, encourage individual programs and systems to work better together when appropriate and efforts to review and reform the language and frequency of system notices. We've all learned the process of applying for and retaining assistance when eligible, especially across multiple programs is incredibly complex and can be difficult to understand and follow. An endeavor made even more difficult during times of crisis.

We've also learned that any changes to a client's case, from updating an address to adding a new document to their file creates an upsurge of often duplicative alerts that must be individually cleared by caseworkers, leaving little time to truly assess the circumstances and needs of a client in order to best steer them towards the most appropriate resources and programs.

We were very encouraged to hear that the Department of Jobs and Family Services, the Department of Medicaid and the Department of Administrative Services plan to perform customer experience reviews with both caseworkers and clients. While we look forward to the implementation and reports from those studies, our partners at the Center for Community Solutions, in collaboration with a number of other organizations, conducted an [Ohio Benefits User Experience Study](#) in late 2020. They published a number of findings and recommendations that remain applicable to today's challenges—we encourage this body to review these findings while considering your final recommendations.

Public programs can also be improved to better support working families by addressing the benefit cliff. The cliff is the sudden and often unexpected decrease in public benefits like SNAP that can occur with a small increase in income. The benefit cliff is a hurdle for families and businesses when wage increases result in a net loss of income for a family. This often results in people and families cycling on and off public programs and in the long term, generational poverty.

Included at the end of our testimony is a graph that illustrates eligibility for public programs as it relates to hourly wages and annual gross income for a single parent with two children. As the graph shows, small increases in wages, sometimes as little as one dollar per hour, can mean the loss of both nutrition support and Medicaid access. It is also important to note that a single parent with two children working full time at minimum wage qualifies for all public programs with the exception of Ohio Works First.

This task force heard from a number of counties currently implementing Benefit Bridge pilot programs across the state. We hope these efforts produce evidence-based strategies and wraparound work supports that help people and families on their path to supporting themselves and out of the cycle of poverty. We encourage the elected members of this body to invest in the statewide implementation of these strategies and in accessible work and emergency supports like those supported by the Prevention, Retention and Contingency (PRC) program to create a truly transformational bridge to able to support themselves and their family.

We encourage this task force's recommendations to be based on the needs of Ohioans and the experience of consumers, program administrators, and workers. Recommendations should center around supporting people and families on the path to supporting themselves without creating additional barriers to help or administrative burden for caseworkers that further limit their capabilities. We also encourage and welcome continued opportunity for public input and ongoing discussion regarding any recommendations put forth.

AOF—with its depth and breadth of its membership and partners—stands ready to assist this task force and the General Assembly to make sure the safety net is strong for those who need it. As stated earlier, our priorities are in alignment with those of this body—to protect those who need these programs, ensure the safety net is available, focus on eliminating the cycle of poverty by taking a two generational approach to independence by providing opportunity and maintain the integrity of public programs.

Thank you again for the opportunity to testify this morning. I am happy to answer any questions you may have.



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# Ohio Public Program Eligibility Guide: 2023

\*FPL = Federal Poverty Level

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## Ohio Works First (OWF)



- › Cash assistance program funded through the Temporary Assistance for Needy Families (TANF) Block Grant. Majority of cases are child-only.
- › Gross Income Eligibility Limit: **50% FPL**
- › Income Limit for Family of Four: \$15,000

## Supplemental Nutrition Assistance Program (SNAP)

- › Monthly hunger assistance program
- › Gross Income Eligibility Limit: **130% FPL**
- › Income Limit for Family of Four: \$39,000
- › Net Income Eligibility Limit: **100% FPL**



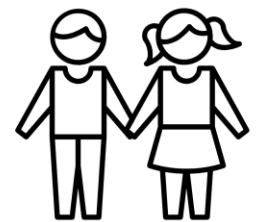
## Medicaid



- › Health insurance for low-income Ohioans, pregnant women, infants and children, older adults and Ohioans with disabilities
- › Gross Income Eligibility Limit: **138% FPL**
- › Income Limit for Family of Four: \$41,400

## Publicly Funded Child Care (PFCC)

- › Child care subsidy program for Ohio families
- › Initial Eligibility Income Limit: **142% FPL**
- › Income Limit for Family of Four: \$42,600
- › Children with Disabilities Income Limit: **150% FPL**
- › Income Limit for Family of Four, Child(ren) with Disabilities: \$45,000



## Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)



- › Health and nutrition program for women, breastfeeding mothers and children under five
- › Gross Income Eligibility Limit: **185% FPL**
- › Income Limit for Family of Four: \$55,500

## Ohio Program Enrollment

As of January 2023

| OWF<br>Individuals | SNAP<br>Individuals | Medicaid<br>Individuals | PFCC<br>Families | WIC<br>Individuals |
|--------------------|---------------------|-------------------------|------------------|--------------------|
| 72,862             | 1,448,476           | 3,546,502               | 53,121           | 170,203            |

Gross income = income before taxes and/or deductions

Net income = income after taxes and/or deductions



# Ohio Public Program Eligibility Guide: 2023

\*FPL = Federal Poverty Level

## 2023 Federal Poverty Guidelines

| Household Size | 50%      | 100%     | 130%     | 138%     | 142%     | 150%     | 185%     | 200%      |
|----------------|----------|----------|----------|----------|----------|----------|----------|-----------|
| 1              | \$7,290  | \$14,580 | \$18,954 | \$20,120 | \$20,704 | \$21,870 | \$26,973 | \$29,160  |
| 2              | \$9,860  | \$19,720 | \$25,636 | \$27,214 | \$28,002 | \$29,580 | \$36,482 | \$39,440  |
| 3              | \$12,430 | \$24,860 | \$32,318 | \$34,307 | \$35,301 | \$37,290 | \$45,991 | \$49,720  |
| 4              | \$15,000 | \$30,000 | \$39,000 | \$41,400 | \$42,600 | \$45,000 | \$55,500 | \$60,000  |
| 5              | \$17,570 | \$35,140 | \$45,682 | \$48,493 | \$49,899 | \$52,710 | \$65,009 | \$70,280  |
| 6              | \$20,140 | \$40,280 | \$52,364 | \$55,586 | \$57,198 | \$60,420 | \$74,518 | \$80,560  |
| 7              | \$22,710 | \$45,420 | \$59,046 | \$62,680 | \$64,496 | \$68,130 | \$84,027 | \$90,840  |
| 8              | \$25,280 | \$50,560 | \$65,728 | \$69,773 | \$71,795 | \$75,840 | \$93,536 | \$101,120 |

\*For households with more than 8 persons, add \$5,140 for each additional person. The FPL Guidelines are issued yearly by the U.S. Department of Health and Human Services. They are used to determine the financial eligibility for certain public benefits programs. 200%FPL is commonly considered the level of income needed for self-sufficiency.

## 3 of 10 most common Ohio jobs leave families still needing food aid, Medicaid or cash assistance with earnings under 130% FPL

| Occupational Group                           | Number Employed | Median Hourly Wage | Mean Annual Pay | % of Poverty Level 2021 |
|--|-----------------|--------------------|-----------------|-------------------------|
| Registered Nurses                            | 129,270         | \$35.62            | \$71,640        | 326%                    |
| Retail Salesperson                           | 120,670         | \$12.99            | \$30,060        | 137%                    |
| <b>Fast Food/Counter Workers</b>             | <b>119,790</b>  | <b>\$10.70</b>     | <b>\$23,380</b> | <b>106%</b>             |
| <b>Cashiers</b>                              | <b>117,320</b>  | <b>\$10.96</b>     | <b>\$24,240</b> | <b>110%</b>             |
| Customer Service Representatives             | 115,180         | \$17.89            | \$39,170        | 178%                    |
| Stockers and Order Fillers                   | 107,630         | \$14.39            | \$32,570        | 148%                    |
| Laborers, Freight/Material Movers            | 105,130         | \$16.37            | \$34,850        | 159%                    |
| <b>Home Health &amp; Personal Care Aides</b> | <b>95,120</b>   | <b>\$11.54</b>     | <b>\$26,410</b> | <b>120%</b>             |
| General and Operations Managers              | 89,630          | \$45.60            | \$108,980       | 496%                    |

Source: Occupational wage survey estimates statewide, poverty level family of three in 2021: \$21,960 from <https://www.bls.gov/oas/tables.htm>



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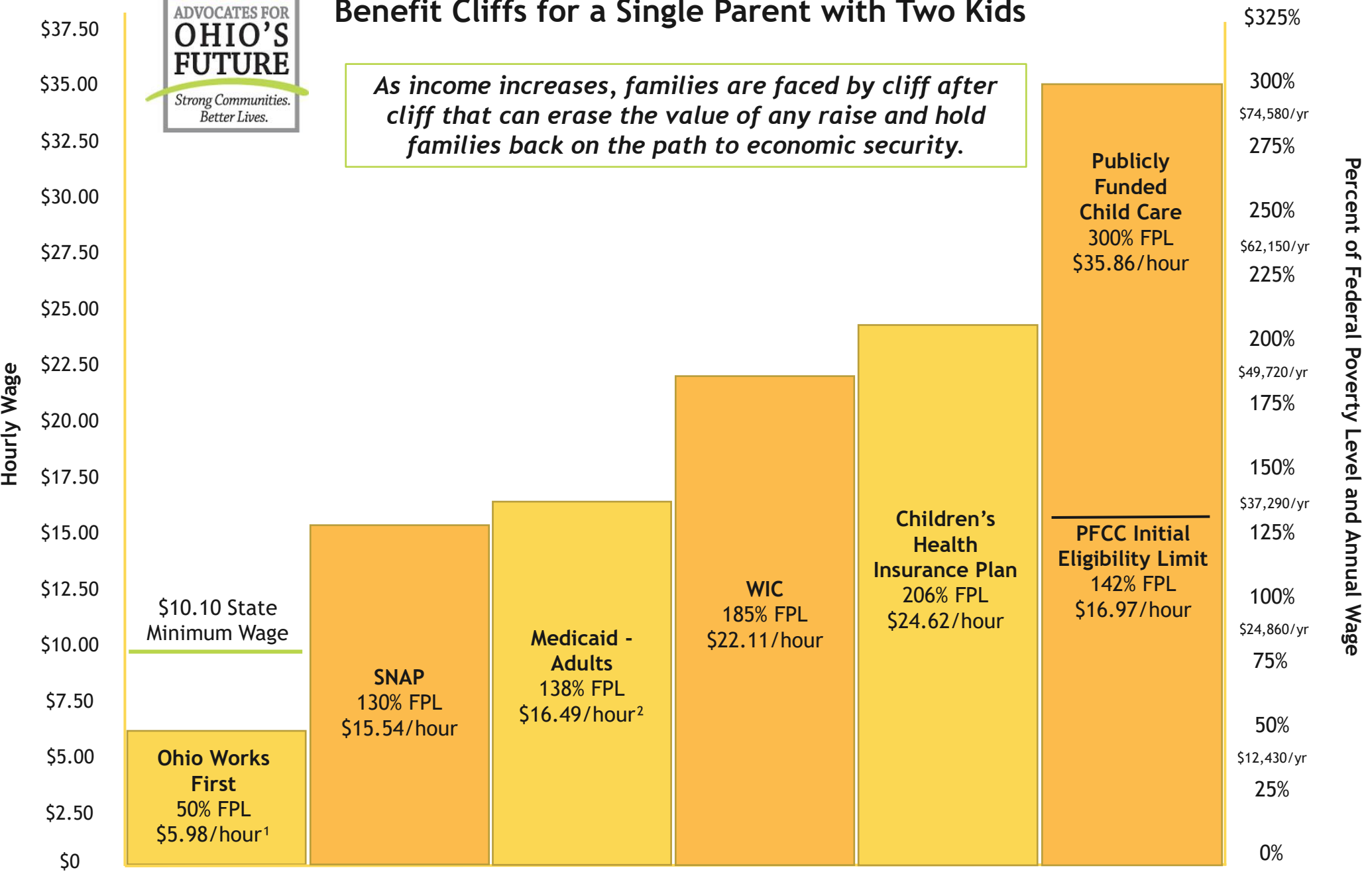


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# Adding Crisis to Crisis: Benefit Cliffs for a Single Parent with Two Kids

*As income increases, families are faced by cliff after cliff that can erase the value of any raise and hold families back on the path to economic security.*



All wages calculated as gross income. Federal Poverty Level percentage calculated as a family of three.  
<sup>1</sup> Hourly wage below \$5.98 could include a tipped wage, a subminimum wage for workers with disabilities, or a part-time position that averages less than \$5.98 per hour if calculated as 40 hours per week.  
<sup>2</sup> In HB 110 (134 GA), Ohio expanded Medicaid coverage for pregnant mothers earning up to 200% FPL for 12 months postpartum. This expansion for new mothers would delay the cliff caused by loss of Medicaid coverage for adults.



Written Testimony for the Public Assistance Benefits Accountability Task Force  
April 18, 2023

Tara Britton and Rachel Cahill  
The Center for Community Solutions

Chairman Schaffer, Chairman Wiggam and members of the Public Assistance Benefits Accountability Task Force, we appreciate the opportunity to share testimony today. My name is Tara Britton and I am the Director of Public Policy and Advocacy at The Center for Community Solutions. I am joined by my colleague, Rachel Cahill, Visiting Fellow, Public Benefits, at Community Solutions in submitting this written testimony. The Center for Community Solutions is a nonprofit, nonpartisan think tank that aims to improve health, social and economic conditions through research, policy analysis and communication.

We want to begin by sharing a resource produced by Community Solutions that will center the needs of each legislative district as the task force considers its recommendations. Every two years, Community Solutions produces legislative district fact sheets. To the best of our knowledge, the fact sheets released in March, 2023, are the only resource available that includes data specific to the new legislative districts. There are fact sheets for each state House and Senate district. They are available here: <https://www.communitysolutions.com/resources/community-fact-sheets/ohio-legislative-districts/>. We mention these fact sheets to highlight how critical public benefits are to every district in the state of Ohio. There are citizens connected to these programs to access health care, food and shelter in every district and any changes proposed should focus on the people who will be impacted.

This task force has examined many aspects of public benefit programs in Ohio over the last nearly two years of presentations and testimony. We think it is vital to keep in mind the goals of public benefits programs, which are to provide health care, nutrition and support primarily to families with children, older adults and people who are disabled. We all aim to ensure the programs are working most effectively and efficiently and there are ways to make improvements, some of which have been discussed by this task force and the invited testimony. We believe the focus should remain on ensuring Ohio families who are eligible for public benefit programs are able to access them.

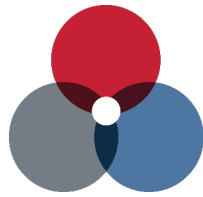
We want to do all that we can to support our county partners. Counties are the access point for many of these programs and have a huge job at hand to ensure that they are adhering to all federal and state guidelines for the programs that they administer. Counties are already stretched thin, resulting in long wait times when people call in to report changes, complete mandatory interviews, or have questions about using their benefits. This task force should closely examine the recommendations made to improve contact with county offices and reduce administrative burdens on all sides.

While the task force has learned about many different topics pertaining to public benefits since 2021, we want to offer additional research and data on a few areas that task force members have raised.

#### **Child Support Cooperation**

During the March 28, 2023 task force meeting, task force members suggested that SNAP benefits should be contingent on parent participation in Ohio's Child Support program.





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- Child support cooperation is already high in Ohio
  - o Ohio ranks 4<sup>th</sup> in the nation for child support cooperation. 70% of child support is collected timely. As noted in the presentation by the Ohio Child Support Enforcement Agency (CSEA) Directors Association, non-payment from parents whose incomes are low enough to qualify for SNAP is about parents who are unable, not unwilling, to pay.
- Custodial parents not participating formally in child support have good reasons.
  - o A Texas study shows more than 4 in 10 non-participating mothers are victims of domestic violence.
  - o Some families have informal arrangements that are working well for the child, and inserting court dynamics risks destabilizing co-parenting arrangements, potentially increasing animosity and the risk of violence.
- Mandatory child support cooperation always hurts children.
  - o When custodial or non-custodial parents have SNAP benefits sanctioned due to non-cooperation with child support, food is removed from a very low-income household. Decades of research tell us that this leads to food rationing among family members and increased child hunger.
  - o As Ohio CSEA Directors Association testified, the process for claiming good cause exemptions is complex and families in the current system already fall through the cracks. Adding over 100,000 new families to the child support system and associated courts is very likely to overwhelm the system and make timely and appropriate risk assessments for families impossible.
  - o Many caregivers are grandparents or other relatives, so it is unclear how new restrictions would be enforced. For example, would a grandmother caring for her grandchild be sanctioned off SNAP for not pursuing a formal child support order against her own child who is experiencing mental health challenges?
  - o As mentioned by Hancock County JFS Director Galbraith, taking food resources away from very poor families who are already in crisis could ultimately result in the need for child welfare to get involved. Child welfare cases are vastly more expensive for counties, and the State of Ohio, to manage compared to the very modest benefit that SNAP provides with 100% federal funds.

### Technology & System Improvements Needed

As detailed in thorough presentations before the task force by the Ohio JFS Directors Association and individual county JFS Directors, the technology systems used to manage Ohio's public assistance programs need significant improvements to perform at the level that Ohio's legislators and residents expect and deserve. Key areas of scrutiny and investment that the legislature should consider, include:

- **Excessive alerts:** As detailed by Lorain County JFS during the November 15, 2022 task force meeting, millions of duplicative and outdated alerts are bogging down the Ohio Benefits Worker Portal. Legislators should not invest in additional data matching proposed by third-party vendors until the existing technology is vastly improved.
- **Automated notices:** As detailed by the Ohio JFS Directors Association on multiple occasions, the number and complexity of written notices received by public assistance recipients results in a high volume of calls to county JFS agencies and significant processing delays. Legislators should encourage the Ohio Department of Job and Family Services to speed up their current notice





redesign project to deploy new and improved notice designs for SNAP and Medicaid as soon as possible, but no later than the end of 2023.

- **Ohio Benefits Self-Service Portal:** Despite some modest improvements in 2022, Ohio's client portal is outdated and underutilized, and falls far behind the performance of other states that emphasize self-service options to increase caseworker efficiency. In November 2020, The Center for Community Solutions [published a report and recommendations](#) that are still relevant today. We encourage the legislature to support the human-centered re-design effort for the Ohio Benefits Self-Service Portal that was announced by ODJFS Director Damschroder at the March 2023 task force meeting.
- **Ohio's mail-only EBT card issuance system:** One technology short-fall that did not receive sufficient attention during task force meetings was Ohio's contract with the EBT vendor Conduent only issues new or replacement EBT cards to eligible households by mail. Community Solutions has written about the weaknesses of this system and recommendations for improvement on several occasions (see [here](#) and [here](#)) in order to bring Ohio into compliance with federal regulations.
- One predictable outcome of this mail-only system is that some eligible recipients never receive their EBT card or have trouble getting a replacement card, since cards cannot be issued by local JFS offices. In a few cases, this leads to high unused balances on EBT cards, especially for elderly and disabled recipients who have trouble navigating a complex phone tree to activate their EBT cards.
  - o Despite suggestions made in the press that SNAP recipients with high balances do not "need" the benefits (remember, they would not qualify if their incomes weren't low-enough to need help buying food), these individuals need proactive outreach to find out what happened to their card. After nine months of inactivity, unused SNAP benefits are automatically "expunged" and returned to the federal treasury, since they are 100% federal funds. Rather than assuming that SNAP recipients are using unspent funds as a "savings account", legislators should instruct ODJFS to proactively contact every individual with a high balance and offer them assistance using their card before benefits are permanently expunged.
- Any funds that are clawed back or "expunged" (as SNAP refers to it) are federal dollars. They aren't utilized in other ways for program beneficiaries and the state does not have flexibility to spend them.

## Conclusion

Community Solutions aims to ensure that the safety net of public benefits programs is effective, efficient, equitable and responsive, goals that we should all agree upon. In this task force, we have heard about the challenges that the public benefits system faces and ideas about ways to improve it. We stand ready to assist the task force members as you develop the recommendations. Thank you for your time.

Please contact us with any follow up questions.

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