

Scope of Study

Medicaid Eligibility Determination Process

Background

Medicaid is a means-tested entitlement program that pays for medical services for eligible low-income persons. The program is jointly financed by federal and state governments and administered at the state level. In Connecticut, the Medicaid program is administered by the Department of Social Services (DSS). It is governed by federal and state law and regulations, as well as by a federally approved state Medicaid plan that must be submitted to the federal Department of Health and Human Services.

During FY 03, Connecticut Medicaid served an average of 384,500 recipients each month, at a total annual cost of about \$2.7 billion. There are a variety of programs under Medicaid – Medicaid fee-for-service, Medicaid Managed Care (Husky A) and State Children’s Health Insurance Program (Husky B) -- aimed at different populations, with varied applications and eligibility requirements. DSS operates its programs from 12 regional offices and the central office.

Area of Focus

The study would focus on Department of Social Services’ implementation of the application and eligibility determination process for the Medicaid program. The study would determine how state employee layoffs, early retirements and DSS’ restructuring have impacted the administration of eligibility determination for the program.

Areas of Analysis

- Identify all federal and state laws, regulations, and other requirements regarding Medicaid eligibility determination, including standards for timeliness and accuracy of determination decisions.
- Determine how state Medicaid program compliance is verified and enforced, and whether administration of program eligibility may jeopardize federal reimbursement.
- Evaluate existing DSS’ organizational structure for determining eligibility for the Medicaid program including regional and central office responsibilities, and identify any contracted functions.
- Describe the processes and systems used by DSS to determine eligibility including -- accepting applications; collecting and verifying eligibility information; and determining/redetermining eligibility; -- and evaluate whether processes are efficient, effective and uniformly applied.
- Evaluate DSS management and oversight of Medicaid eligibility determination including analysis of volume of applications, caseloads, and staff resource allocation.

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- Analyze the eligibility options including presumptive, continuous and guaranteed, under Connecticut's Medicaid program, and assess if any recent changes may be impacting the eligibility determination of certain Medicaid population categories.
 - Identify whether there have been delays in any of the processing steps, and if so, determine reasons and propose remedies.