#### STATE OF MARYLAND



## Maryland Department of Health and Mental Hygiene

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Martin O'Malley, Governor – Anthony G. Brown, Lt. Governor – Joshua M. Sharfstein, M.D., Secretary

# Testimony of Dr. Joshua M. Sharfstein Secretary, Department of Health and Mental Hygiene

Before the Senate Finance and Budget and Taxation Committees

Concerning Medicaid Long-Term Care Eligibility Determinations

### November 30, 2011

#### **Introduction**

Thank you for the opportunity to testify on the recent improvements made to the Maryland Medical Assistance Program's eligibility determination process for long-term care. We have been working closely with our partners at the Department of Human Resources to improve these processes, and we thank them as well as you all for your support and interest in this issue.

I am pleased to report to you that we have met key objectives set out during the 2011 session. As you have heard from Secretary Dallas, together our agencies have made significant progress in improving these processes.

I will discuss several specific areas of improvement.

#### **Improvements to Look-Back Policies and Procedures**

The federal Deficit Reduction Act (DRA) of 2005 lengthened the 36-month look-back period for initial Medical Assistance long-term care applications to 60-months prior to the month of the initial application. The 60-month look-back resulted in a significant increase in paperwork for recipients and case managers when submitting and determining eligibility. The extra work on the applications adversely affected the timely processing of the LTC applications.

To address this issue, DHMH consulted with the Centers for Medicare and Medicaid Services (CMS) on streamlining the review requirements for the 60-month period and researched other states' protocols.

Next, DHMH and DHR developed a document checklist and new guidelines for efficient processing of the 60-month look-back period that were released to eligibility workers on May 3, 2011 as Action Transmittal 11-26.

These guidelines reduced the burden on applicants and their representatives, as well as improved the timeliness of Medical Assistance long-term care eligibility determinations.

#### **New Application and Redetermination Forms**

Previously, the State used a single application form for both initial and redetermination applications. DHR and DHMH worked together to develop revised application forms – an initial application form and an redetermination application form.

The reason we did this was to simplify and streamline the application and make it easier for people to apply for Medical Assistance long-term care services.

On May 10 and 11, DHR and DHMH held two focus groups with stakeholders to evaluate the draft application and redetermination forms. New applications, for the initial application and the redetermination, respectively, were finalized on July 1, 2011 and released on August 4 with Action Transmittal 12-02.

The applications have been mass-produced and distributed statewide. The Departments created fillable versions of both forms, and posted them online along with the printable "manual" forms.

#### **Material Development and Training**

Between May and October 2011, DHMH conducted trainings statewide for long-term care eligibility staff, several large nursing home providers (such as LifeSpan and HFAM), community advocates, and staff from other state agencies, including the Office of Aging, on the revised procedures for the 60-month look-back period and the new application forms.

The last LTC training session was held on October 3, 2011. In addition, DHMH and DHR staff developed a Frequently Asked Question guide from the training sessions and are developing a LTC Challenge training website module for caseworkers.

#### **Conclusion**

DHMH is committed to improving the Medical Assistance long-term care eligibility determination process through new and improved policies and procedures. We will continue to work with our partners at DHR and in the community to support prompt coverage for those eligible for long-term care services through Medical Assistance.

Thank you for the opportunity to testify today on this issue. We appreciate your interest and welcome your input.