



Survey of other states' Medicaid eligibility process

State	Who determines eligibility?	Where are eligibility workers stationed?	Structure of the eligibility determination system
South Carolina	The state Department of Health and Human Services (DHHS)	In all county Departments of Social Services (DSS) plus 70 out stationed locations. Out stationed locations are enrolled Medicaid providers, including hospitals, family health centers, FQHC's, rural health centers, county health departments, county drug and alcohol abuse centers, regional centers for DD, school districts, and nursing homes.	<p>The DHHS divided the state into 8 regions, and each region has a regional administrator who supervises the program and staff in that region. All staff are employed by the DHHS, rather than by the county DSS.</p> <p>The 70 out stationed sites are funded 50% by that site and 50% by the federal match. This money hires a state Medicaid eligibility worker who is "sponsored" into the provider's site. Any Medicaid provider can apply to be a sponsor if they can meet the 50% cost sharing requirements.</p>
Alabama	Local out stationed Medicaid eligibility workers	County health departments, hospitals, and FQHC's. Families can also submit applications via mail; the state Medicaid department will forward them to an out stationed site in family's county for processing	Policy and oversight for Medicaid administration is provided by the state Medicaid department, which employs regional and district supervisors to monitor the program. While all out stationed eligibility workers are state employees, their administrative costs are paid in-kind by their host agency.
Washington	The state Medicaid department	Community service offices	The state is divided into regions, with at least one community services office in each region. There is a local call center in each region as well; applications for children's medical services can be taken over this phone line.
Wyoming	The state Department of Family Services (DFS)	The DFS office in the county in which the family lives	The Department of Health (DOH) oversees Medicaid policy administration and contracts with DFS to do eligibility determination (this is required in state statute).
Pennsylvania	County Assistance offices (CAO)	There are 100+ CAO's, with at least one in each county. Families can also apply on-line; the electronic application is routed to the nearest CAO.	The state Department of Public Welfare sets Medicaid policy. CAO workers are unionized state employees who also determine eligibility for Food Stamps and TANF (but not CHIP).
Utah	Urban areas: the state Department of	Urban areas: hospitals, FQHC's, clinics in public health departments, and free standing	DOH and DWS are both state agencies, so there is no county participation. All employees are state

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	Health (DOH) <u>Rural areas:</u> the state Department of Workforce Services (DWS)	offices. If a family also needs other services, they can also see a DWS worker. <u>Rural areas:</u> DWS offices, which also handle TANF, food stamps, and child care assistance.	employees.
Kentucky	The state SCHIP and Medicaid department	There is an assistance office in every county.	Medicaid administration is contracted to the same state agency that does food stamps and TANF. Although there is an office in every county, the employees are state rather than county employees.

Other pertinent notes:

In July 2002, **South Carolina** transferred all of the Medicaid administration (including the county staff that were administering the program) to the DHHS. Moving the administration of Medicaid into the same agency that does the policy making has been very beneficial for SC. Having state-employed regional administrators helps minimize program inconsistency between eligibility sites. Tandra Medley, of South Carolina Covering Kids and Families, thinks that having the staff employed by the state rather than the county has helped make the program administration more consistent.

South Carolina’s sponsorship program, which places Medicaid eligibility technicians into out stationed sites, has also been very beneficial. SC uses a flexible contract that allows sponsors to withdraw from the program within one year; most of the sponsored employees are temporary grant workers to ease this administration.

Wyoming’s current Medicaid administration system is very similar to Colorado’s. Simplification of the Medicaid system was a major focus of their Covering Kids grant. In 2001, Wyoming CK administered a training program for Medicaid technicians. They worked with the DOH (who writes the health policy) to travel to all of the DFS field offices in the state and do a re-training on Medicaid eligibility determination. To provide ongoing support to the training, DFS instituted a QC process by which they randomly audit cases for correct eligibility determination.

On the other hand, Ann Bacharach, of **Pennsylvania** Covering Kids and Families, states unequivocally that “Medicaid ‘out stationing’ has not been successfully implemented here.” In addition to the 100+ Medicaid eligibility sites, there are seven different insurance vendors with contracts for CHIP administration, each with jurisdiction over a different part of the state. Ann says, “It is a fragmented system that requires significant coordination to work well for families.”

CCKF recently learned that the **Tennessee** Primary Care Association is working with their state Department of Human Services to outstation Medicaid eligibility workers in each of its FQHC’s.