

Opportunities to Support Unwinding Efforts for States with Integrated Eligibility Systems and/or Workforces



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Agenda

- Level Setting
- Opportunities for States with Integrated Eligibility Systems and/or Workforces
- Overcoming Unwinding Challenges for States with Integrated Eligibility Systems and/or Workforces
- Q & A

Level Setting

Meeting Objectives

Under the Families First Coronavirus Response Act (FFCRA), states are required to maintain continuous enrollment of Medicaid enrollees through the last day of the month in which the COVID-19 public health emergency (PHE) ends in order to receive a temporary 6.2 percentage point Federal Medical Assistance Percentage (FMAP) increase.* When the PHE eventually ends, it will be critical to ensure that renewals are completed in a manner that minimizes enrollee burden and promotes enrollment.



The objectives of this webinar are to:

- Highlight opportunities for states to leverage information from other human services benefit programs to support Medicaid and CHIP unwinding efforts; and
- Review challenges states with integrated eligibility systems and/or workforces may encounter during the unwinding period and identify mitigation strategies.

Though this presentation focuses on states with integrated eligibility systems and/or workforces, many of the opportunities and strategies presented here are available to all states, including those that do not have integrated human services benefit programs.

*In some cases, agencies that administer Children's Health Insurance Program (CHIP) and Basic Health Plan (BHP) also were granted approval to delay renewals in response to the demands of the PHE.

Source: Families First Coronavirus Response Act, Section 6008 (P.L. 116-127).

Defining Terminology:

“Integrated Eligibility Systems and/or Workforces”



Throughout this deck, *“integrated eligibility systems and/or workforces”* refers to states that use common eligibility systems and/or staff to manage Medicaid and CHIP and other human services benefit programs, including but not limited to:

- Supplemental Nutrition Assistance Program (SNAP)
- Special Supplemental Nutrition Program for Women, Infants and Children (WIC)
- Temporary Assistance for Needy Families (TANF)
- Low Income Home Energy Assistance Program (LIHEAP)

Unique Opportunities for States with Integrated Eligibility Systems and/or Workforces

States that use integrated eligibility systems and/or workforces for multiple human services benefit programs have unique opportunities to streamline eligibility and enrollment processes, promote coverage and retention, and reduce workforce burden.

For example:

- When data captured by other means-tested programs—such as data captured by SNAP—is stored in a common system, it may be easier for the Medicaid agency to access and leverage this information to verify Medicaid eligibility.
- Using this data can help reduce administrative burden for states, minimize paperwork for enrollees, expedite determinations, and improve retention.

Challenges for States with Integrated Eligibility Systems and/or Workforces

Integrated systems functionality, as well as differences in eligibility requirements between Medicaid/CHIP, SNAP, and other programs, may contribute to challenges with implementing eligibility determination rules and processes.

For example:

- Medicaid/CHIP and SNAP rely on different income counting and household composition rules for determining eligibility.
- States with integrated systems may encounter challenges automating eligibility verification and renewal processes, including producing different notices and forms for different programs with different requirements.
- Different human services programs may have differing administrative processes for oversight and monitoring.
 - Workforce challenges may be amplified when staff are responsible for multiple programs.
- Prioritizing systems enhancements for a single program or across multiple human services benefit programs may be challenging.

Opportunities for States with Integrated Eligibility Systems and/or Workforces

Opportunities for States with Integrated Eligibility Systems and/or Workforces

States may implement one or a combination of the following strategies:

1. **Leverage findings from other programs** to facilitate enrollment and/or renewal (Slides 10-15).
 - 1a: SNAP Strategy* For Unwinding (Temporary Strategy via 1902(e)(14)(A) Authority)
 - 1b: Express Lane Eligibility Strategy (Permanent Strategy via Medicaid and/or CHIP State Plan Amendment (SPA))
 - 1c: Facilitated Enrollment Strategy (Permanent Strategy via Medicaid SPA)
2. **Maximize the use of other means-tested program data** to conduct Medicaid/CHIP eligibility determinations and redeterminations (See Slides 16-18)(Permanent Strategy).
3. **Align work on pending Medicaid and SNAP actions** during the unwinding period, minimizing the need for enrollees to provide documentation multiple times and have eligibility workers touch cases more than once (Slides 19-22)(Temporary Strategy).

*States may seek authority under 1902(e)(14)(A) of the Act to enroll or renew Medicaid eligibility based on findings from SNAP or other programs, including Temporary Assistance for Needy Families (TANF) and the Low Income Energy Assistance Program (LIHEAP). The term, "SNAP Strategy," is used to refer to all of these options.

Strategy 1: Leverage Findings from Other Programs to Facilitate Medicaid Application & Renewal

Strategy: States with integrated eligibility systems and/or workforces may pursue a range of facilitated enrollment strategies both in the near and long term to use the findings from other agencies to complete determinations for Medicaid.

Leveraging one or more of these strategies can help to expedite enrollment and renewal processes. Moreover, these strategies can help address workforce constraints, maintain continuity of coverage, and reduce administrative burden for eligible children and adults.

States can leverage one or more of the following strategies:

- **SNAP Strategy*** for adults or children using 1902(e)(14)(A) waiver authority (Temporarily available during Unwinding Period)
- **Express Lane Eligibility SPA** to enroll or renew children (Permanent Strategy)
- **Facilitated Enrollment SPA** to enroll or renew children and/or adults (Permanent Strategy)

States that leverage any of these three strategies may accept the gross income findings (e.g., FPL) from SNAP or other programs for the purposes of making a Modified Adjusted Gross Income (MAGI) Medicaid eligibility determination. States are not required to calculate the individual's MAGI or align the SNAP household to the MAGI household to make an eligibility determination. Individuals enrolled in Medicaid must only be enrolled in SNAP with SNAP gross household income below the applicable Medicaid threshold.

See slides 11-15 for more detail on these strategies.

*States may seek authority under 1902(e)(14)(A) of the Act to enroll or renew Medicaid eligibility based on findings from SNAP or other programs, including Temporary Assistance for Needy Families (TANF) and the Low Income Home Energy Assistance Program (LIHEAP). The term, "SNAP Strategy," is used to refer to all of these options.

1a: SNAP Strategy for Unwinding to Enroll or Renew Adults and Children Based on SNAP Eligibility (Temporary Strategy via 1902(e)(14) Waiver)

- 1902(e)(14)(A) of the Social Security Act provides CMS with authority to grant temporary waivers, as needed to protect applicants and enrollees in limited circumstances, when states face significant systems and operational limitations.
- States may seek approval to use this authority in a time-limited manner during the COVID-19 unwinding period to implement targeted enrollment strategies outlined in [SHO letter #22-001](#) (published March 3, 2022).*
 - States may use this authority to renew Medicaid eligibility for SNAP participants without conducting a separate MAGI-based income or household redetermination.
 - An approved section 1902(e)(14)(A) waiver request allows states to temporarily rely on findings from SNAP to enroll or renew eligibility for non-disabled individuals on a MAGI basis despite the differences in household composition and income-counting rules.
 - States should submit 1902(e)(14)(A) waiver request letters to Sarah.deLone2@cms.hhs.gov and copy their Medicaid State Lead, josef.weissfeld@cms.hhs.gov, jessika.douglas@cms.hhs.gov, and CMSUnwindingSupport@cms.hhs.gov.

*SHO# 22-001, “Promoting Continuity of Coverage and Distributing Eligibility and Enrollment Workload in Medicaid, the Children’s Health Insurance Program (CHIP), and Basic Health Program (BHP) Upon Conclusion of the COVID-19 Public Health Emergency,” March 3, 2022, available at <https://www.medicaid.gov/federal-policy-guidance/downloads/sho22001.pdf>. CMS will not approve 1902(e)(14)(A) waiver requests that extend beyond the state’s unwinding period.

1a Continued: Operationalizing the SNAP Strategy Under 1902(e)(14)(A) Waiver Authority

- Under the SNAP strategy, the household's gross income determination made by the SNAP agency is used as the MAGI Medicaid gross income for an individual within the household (e.g., an adult with SNAP household income at 120% FPL is considered to have MAGI income of 120% FPL).
 - Enrollment in SNAP alone is not sufficient to enroll or renew an individual's coverage.
 - States must verify citizenship & immigration status and other non-financial factors of eligibility, as appropriate, and enroll the individual in the appropriate Medicaid eligibility group.
- Medicaid determinations based on findings from SNAP must be conducted at the individual level; for this reason, these determinations do not have any implications on other members of the individual's household.
- The SNAP strategy may not be used to take adverse action, including to deny or terminate eligibility.
 - States must complete a full (re)determination of eligibility based on MAGI rules if an individual cannot be approved or terminated based on the SNAP strategy.
- Similar to an *ex parte* renewal, states must provide individuals redetermined eligible based on the SNAP strategy notice of the agency's decision, with fair hearing rights, and an opportunity to dispute the accuracy of the information used to determine Medicaid eligibility (see 42 CFR 435.916(a)(3)(i)(C))

Source: SHO# 22-001, "Promoting Continuity of Coverage and Distributing Eligibility and Enrollment Workload in Medicaid, the Children's Health Insurance Program (CHIP), and Basic Health Program (BHP) Upon Conclusion of the COVID-19 Public Health Emergency," March 3, 2022, available at <https://www.medicaid.gov/federal-policy-guidance/downloads/sho22001.pdf>; SHO 13-003, "Facilitating Medicaid and CHIP Enrollment and Renewal in 2014," pages 4-7, May 17, 2013, available at <https://www.medicaid.gov/federal-policy-guidance/downloads/SHO-13-003.pdf>.

Strategy 1a Scenario: Renewing Medicaid Eligibility During Unwinding Based on Findings from SNAP



Maria

- For illustrative purposes only, assume the FFCRA continuous enrollment requirements end on January 31, 2023
- Maria is enrolled in both Medicaid and SNAP.
- Maria's SNAP recertification was conducted on December 15, 2022; at that time, she was redetermined eligible for SNAP, based on SNAP rules, with household income of 100% FPL.
- Maria's Medicaid eligibility is scheduled for redetermination, as part of the state's unwinding process, for March 31, 2023. She continues to meet the age and other non-financial eligibility requirements for Medicaid.
- Under the 1902(e)(14)(A) authority, the state can redetermine Maria's Medicaid coverage for 12 months, based on the SNAP agency's finding that Maria's income is 100% FPL. The state does not need to conduct a separate MAGI income or household determination or separately verify income.
- Maria's new Medicaid eligibility period would run from April 1, 2023-March 31, 2024.

1b: Express Lane Eligibility Strategy to Enroll or Renew Children (Permanent Strategy via Medicaid/CHIP SPA)

The Express Lane Eligibility (ELE) authority at sections 1902(e)(13) and 2107(e)(1) of the Social Security Act permits states to rely on findings from an entity designated by the state to determine whether a child satisfies one or more factors of eligibility for Medicaid or CHIP, including income.

- ELE permits states to rely on findings from other programs (or “express lane agencies” (ELAs)), when determining or renewing Medicaid/CHIP eligibility, without regard to differences in rules between the programs for counting income and household composition.
- ELAs are public agencies capable of making a finding regarding one or more program eligibility requirements using information they already collect.
- Medicaid programs can apply the ELE option to children up to age 19, 20, or 21, and CHIP can do so for children up to age 19.
- ELE may not be used for verifying citizenship; Medicaid verification rules apply.
- Medicaid and CHIP SPAs are required.

ELA examples include SNAP, TANF, Head Start, National School Lunch Program, and WIC.

1c: Facilitated Enrollment Strategy to Enroll and Renew Children and Adults on a Permanent Basis (Permanent Strategy via Medicaid SPA)

- States may use the facilitated enrollment SPA option, which permits states to rely on income determinations made by another program, to enroll certain non-elderly, non-disabled SNAP participants into Medicaid if the state is certain the individual would be income-eligible using MAGI-based methods.
- States that elect this option must apply certain MAGI-based eligibility criteria to SNAP participants before enrollment in Medicaid.
- When used for enrollment, in addition to checking data sources, states will need to send a consumer notice that:
 - Provides Medicaid program information;
 - Obtains a signature for enrollment into Medicaid; and
 - Asks discrete household composition and income questions in order to align the other means-tested determination to a Medicaid MAGI determination.

Strategy 2: Use Data from SNAP or Other Programs as a Verification Source for Medicaid/CHIP Determinations (Permanent Strategy)

Strategy: If states do not use a combination of the three authorities to facilitate enrollment for children and adults available under Strategy 1, states may still use underlying income data and other verified information from a SNAP, TANF or other program's eligibility determination that was conducted within the last six months for a Medicaid determination at application or renewal.

The verified SNAP and TANF data from a recent certification or recertification is considered timely and reliable. States can leverage this data available in integrated eligibility systems to conduct Medicaid eligibility determinations. No special authority is required.*

- SNAP/TANF can serve as a reliable data source for verifying various factors of eligibility, including income, resources, and residency.
 - While differences in income and household composition rules prohibit Medicaid and CHIP agencies from using the eligibility findings (e.g., calculated FPL) from SNAP/TANF to determine eligibility without a section 1902(e)(14)(A) waiver or SPA (*see slides 10-15*), Medicaid/CHIP may use the underlying elements (e.g., wages) reported to and verified by SNAP to conduct a MAGI eligibility determination.
- SNAP/TANF data may be used for Medicaid eligibility determinations in all states; however, states that do not have integrated eligibility systems and/or workforces may need to adopt a multi-step process to access and leverage this data.

***States seeking to use data from other programs, including SNAP and TANF, to verify income or other factors of eligibility for Medicaid and/or CHIP should update their MAGI-based verification plans or document changes for non-MAGI verification plans in the state's internal records.**

Strategy 2 Continued: Benefits of Using Data from Other Programs to Verify Eligibility Factors for Medicaid and CHIP

Leveraging this strategy can help:

- Expedite enrollment and renewal processes;
- Reduce administrative burden for eligibility workers; and
- Minimize requests for additional information to enrollees applying for multiple public benefit programs, which reduces the potential for procedural terminations of eligible individuals.

SNAP data can be particularly useful for maximizing Medicaid *ex parte* renewal rates, since CMS considers information from a SNAP recertification from up to six months prior to a Medicaid determination to be reliable.

Strategy 2 Scenario: Using SNAP Data as a Verification Source to Facilitate Medicaid Renewal



Jen

- For illustrative purposes only, assume the FCCRA continuous enrollment requirements end on January 31, 2023.
- Jen is enrolled in both Medicaid and SNAP and underwent a SNAP recertification on December 10, 2022.
- During Jen's SNAP recertification, the SNAP agency verified her continued residency in the state and verified \$600/month in wages from her job.
- Jen is due for a Medicaid renewal three months later on March 31, 2023.
- When attempting an *ex parte* renewal, the Medicaid agency uses SNAP as a data source for income and may consider Jen's \$600 job income as verified, based on SNAP data from the prior 6 months.
- The Medicaid agency still must check other data sources, consistent with its verification plan, to redetermine eligibility based on other financial or nonfinancial criteria.
- If redetermined eligible, Jen's new Medicaid eligibility period would be April 30, 2023, to March 31, 2024.

Strategy 3: Align Work on Pending Medicaid and SNAP Actions During the Unwinding Period (Temporary Strategy)

Strategy: During the 12-month unwinding period, states with integrated eligibility systems and/or workforces can more easily align eligibility actions for Medicaid, CHIP, and other human services benefit programs by delaying Medicaid/CHIP renewals until the household's scheduled SNAP recertification.

Leveraging this strategy can help to:

- Manage workload and achieve greater efficiencies for stretched state resources;
- Reestablish a renewal schedule that avoids a renewal “bulge” in future years by distributing Medicaid and CHIP renewals over multiple months; and
- Reduce the number of requests for additional information from enrollees receiving multiple human service benefits, which will increase retention in both programs.

Strategy 3 Continued: Operationalizing Alignment of Work on Pending Medicaid and SNAP Actions During the Unwinding Period

- To align pending work with SNAP recertifications, states may wait to act on a pending verification, changes in circumstances, or renewal for enrollees also enrolled in SNAP until the individual's SNAP recertification is processed, as long as the SNAP recertification is scheduled for completion in time for the state to meet the maximum 12-month period to initiate all pending COVID-related eligibility and enrollment actions.
- This strategy cannot be used for:
 - Enrollees whose next scheduled SNAP recertification is after the 12-month period provided to initiate all pending COVID-related eligibility and enrollment actions; or
 - Enrollees in the COVID Testing (VIII) Group, for whom authority to receive continued services ends on the last day of the PHE.
- If the Medicaid/CHIP enrollee's initial determination of eligibility or last renewal has been completed in the prior 12 months, states may not initiate a MAGI Medicaid or CHIP renewal early, to align with a SNAP recertification.
- However, if a state has sufficient information to redetermine Medicaid eligibility based on changes identified through a SNAP recertification, the agency may begin a new 12-month eligibility period for Medicaid and push forward eligibility by 12 months (see 435.916 (d)(1)(ii)).

Strategy 3 Scenario: Delaying Medicaid Renewal in the Unwinding Period to Align with SNAP Recertification



Jose

Delay Medicaid renewal during unwinding to align with SNAP recertification:

- For illustrative purposes only, assume the FFCRA continuous enrollment requirements end on January 31, 2023.
- Jose is enrolled in both Medicaid and SNAP.
- Jose is enrolled in Medicaid in March 2022; Jose's next Medicaid renewal is scheduled for March 31, 2023.
- Jose's next SNAP recertification is scheduled for June 30, 2023.
- Because the state may conduct Jose's Medicaid renewal any time during the unwinding period after March 31, 2023, in order to align recertifications, a state may delay processing the Medicaid renewal until June 2023 when the SNAP recertification occurs.
- Jose's new Medicaid coverage period would be July 1, 2023, to June 30, 2024.

Reminder: Medicaid renewals may be conducted no more frequently than once every 12 months for individuals enrolled on a MAGI basis. A state may not move up a Medicaid renewal to align with a SNAP recertification if Medicaid eligibility has been renewed in the prior 12 months.

Strategy 3 Scenario: Completing a Medicaid Renewal Based on a Change in Circumstance Identified through SNAP



Push forward Medicaid redetermination based on SNAP. Align with future SNAP recertification:

- For illustrative purposes only, assume the FFCRA continuous enrollment requirements end on January 31, 2023.
- Joe is enrolled in both Medicaid and SNAP.
- Joe's next Medicaid renewal is scheduled for March 31, 2023.
- Joe's SNAP coverage is recertified on January 31, 2023.
- If the state has sufficient information to renew Medicaid eligibility based on the SNAP recertification, the state may renew Medicaid eligibility in January 2023 and push forward his eligibility by 12 months.
- Joe's new Medicaid coverage period would be February 1, 2023, to January 31, 2024, and will now align with the SNAP recertification period.

Note: During unwinding, this flexibility to act on a change in circumstances identified based on findings from SNAP or other programs may not be used to terminate eligibility, reduce benefits, or take other adverse action, unless the State has conducted a renewal within the past 12 months.



Reminder: Renewal Requirements for Medicaid & CHIP When Aligned with Other Programs

Federal Medicaid/CHIP requirements for renewal and verification, including expectations to attempt a renewal based on available information, continue to apply when Medicaid/CHIP renewals are aligned with recertification for SNAP or other programs.

For example:

- States **must attempt an *ex parte* renewal** for Medicaid/CHIP prior to requesting information or documentation from the enrollee. If the state is unable to renew eligibility based on that information, the state must send a form and may request information needed to complete a determination for both programs.
- For MAGI, the **renewal form must be pre-populated**. Enrollees must be provided a **minimum of 30 days** to return the form and any required information.
- Only information needed to complete the redetermination for Medicaid/CHIP may be required (e.g., missing asset information needed for SNAP or TANF may not delay a determination of eligibility for MAGI-based Medicaid or CHIP).
- **Interviews may not be required** to complete a renewal for households enrolled on a MAGI basis.



Operationalizing *Ex Parte* Renewal Requirements

To be compliant with federal regulatory requirements, a state must first attempt an *ex parte* renewal for Medicaid.

- If *ex parte* renewal is successful, redetermine Medicaid eligibility and send eligibility notice with the SNAP recertification application. Individual must return the recertification application and complete the necessary steps for a SNAP eligibility determination; Medicaid continues regardless of whether the SNAP recertification application is returned or SNAP eligibility is redetermined.
- If *ex parte* renewal is not successful, send joint Medicaid renewal form and SNAP recertification application for completion. Individual must return the renewal form/recertification application and complete the necessary steps to continue receiving Medicaid and SNAP.

States may not delay completion of a renewal or redetermination of eligibility for Medicaid pending provision of documentation or other requirements for SNAP that are not needed for Medicaid.

Putting It All Together



Mark

- For illustrative purposes only, assume the FFCRA continuous enrollment requirements end on January 31, 2023.
- Mark is enrolled in both Medicaid and SNAP.
- Mark's next SNAP recertification is scheduled for March 31, 2023.
- Mark's Medicaid redetermination is scheduled for May 31, 2023.



Option 1:

- State can wait until May 31, 2023, to redetermine Mark's Medicaid coverage.
- At that time, using 1902(e)(14)(A) authority, the State can extend Mark's Medicaid coverage from June 1, 2023- May 31, 2024, based on the SNAP finding (assuming he is SNAP eligible in March 2023) without conducting a separate Medicaid MAGI redetermination.
- Without 1902(e)(14)(A) authority, the state can also use the SNAP income data sources as part of the Medicaid MAGI redetermination.

Option 2:

- State conducts the SNAP recertification in March 2023.
- Since new information from the SNAP recertification may reflect a change in circumstances (e.g., change in income), the state can act on that information in accordance with regulations (*see* at 435.916(d)(1)(ii)) in March 2023.
- If the state has sufficient information to complete a Medicaid determination, the state may push forward Mark's Medicaid redetermination process and align it with the SNAP recertification in March 2023.

Discussion



Do states feel equipped to pursue these opportunities?

Are there any other opportunities not described in this section, particularly with respect to coordination between Medicaid and SNAP, that states with integrated eligibility systems and/or workforces have identified to streamline enrollment processes?

Are there any challenges that states with integrated eligibility systems and/or workforces have encountered as they have pursued any of the opportunities described in this section?

Overcoming Unwinding Challenges for States with Integrated Eligibility Systems and/or Workforces

Overcoming Unwinding Challenges for States with Integrated Eligibility Systems and/or Workforces

Though states with integrated eligibility systems and/or workforces can leverage a range of unique opportunities to streamline eligibility and enrollment processes, these states may simultaneously encounter certain challenges that could arise as a result of working across multiple human services benefit programs.

Inherent challenges may include:

- Updating consumer notices to provide tailored messages related to Medicaid enrollment and coverage, particularly during the unwinding period;
- Prioritizing systems enhancements across multiple human services benefit programs; and
- Addressing workforce burden and shortages.

The following slides explore these challenges and describe potential mitigation strategies.

Prioritizing Systems Changes To Support Medicaid and CHIP Unwinding

Many states have a long queue of pending systems enhancements. This challenge may be compounded for states with integrated eligibility systems and/or workforces when there are competing priorities to reconcile across multiple human services benefit programs.

To address this challenge, states may look to executive leadership across sister agencies to:

- ✓ Establish cross-divisional processes and communication channels for re-prioritizing systems changes, as needed; and
- ✓ Prioritize systems changes that are associated with the human services benefit programs that advance continuity of coverage and receipt of benefits during this “unwinding moment.”

Updating Consumer Notices

States with integrated eligibility systems and/or workforces have pointed to challenges with updating consumer notices to provide tailored, unwinding-specific messages. For example:

- States that update Medicaid/CHIP notices to incorporate unwinding-related information may need to pause pre-programmed triggers within systems that automatically generate and issue notices to enrollees. This re-programming could be more challenging within an integrated eligibility system.

To address these challenges, states may:

- ✓ Use mailing processes that are outside of the integrated eligibility system;
- ✓ Leverage vendors that have mailing capacity; and
- ✓ Explore “mail merge” type of functionality to send Medicaid/CHIP-only notices.

Addressing Workforce Shortages

- States are concerned about workforce shortages, and report that overall shortages are further exacerbated when the same group of eligibility workers are tasked with managing multiple human services benefit programs.
- Timeliness is a significant concern for states preparing for unwinding-related activities.

To mitigate workforce shortages, states may:

- ✓ Reassign workers from other state agencies;
- ✓ Create specialized units for processing multi-benefit cases – and assign more complicated cases to workers who have more experience;
- ✓ Introduce flexibilities for workers that include overtime compensation and part-time employment;
- ✓ Re-engage retired workers;
- ✓ Leverage contractors to support existing workforce; and,
- ✓ Provide refresher training to eligibility workers across human services benefit programs.

Reminders: (1) Contractors may facilitate eligibility and enrollment processes but may not perform functions that require discretion; and (2) federal law requires each state to designate a single state agency to administer or supervise the administration of its Medicaid program. When states contract with vendors and/or outsource eligibility and enrollment functions to sister agencies, the single state agency is ultimately responsible for the oversight of the state's Medicaid program. (42 CFR 431.10)

Discussion



Do the mitigation strategies proposed here help to respond to the challenges that states with integrated eligibility systems and/or workforces commonly encounter?

Are there other challenges that states with integrated eligibility systems and/or workforces have encountered? If so, what mitigation strategies, if any, have those states pursued?

Questions
