

**Commissioner's Office  
HC 2 South  
280 State Drive  
Waterbury, VT 05671-2020  
(802) 241-2401- phone**

**Health Reform Oversight Committee  
Department for Disabilities, Aging and Independent Living  
Testimony- Updates on Timely Processing for Medicaid/LTC Applications**

**July 25, 2016**

1. Medicaid LTC applications require two distinct eligibility determinations: clinical and financial.
  - DAIL is responsible for the clinical eligibility determination
  - DVHA (Economic Services) is responsible for the financial eligibility determination
2. Measurement of Timeliness in LTC Clinical Eligibility is one of our DAIL Adult Services Division Scorecard measures.
3. Regulations re timing for clinical eligibility determination and DAIL targets
  - Per CFC Regulations, a clinical determination must be made within 30 days
  - DAIL's internal target is to make clinical determinations within 14 days
4. Average timing for completion of clinical eligibility determinations – over the last two years
  - The average time for clinical determinations is between 1 to 14 days after receipt of application over the last two years; On average 60% of applications have a clinical determination between 1 to 14 days; 27% between 15 to 30 days and 13% over 31 days
  - Workload varies by time of year and by coverage area
  - Over the past two years, we have had several staff vacancies requiring nurses from other territories to cover the territories with vacancies
5. Process for determining clinical eligibility - step by step for clinical determination
  - Face to Face physical functional assessment completed by a DAIL Registered Nurse
  - DAIL Nurse calls to schedule the assessment within 3 days of receiving the application; it is set according to the applicant's schedule and where the applicant is located (home, home of another, Residential Care, Nursing Home)
  - The target is to have the face to face assessment scheduled and completed within 14 days of receiving the application
  - Assessment includes observation/demonstration of physical functional abilities related to Activities of Daily Living (ADL's) and Memory/Cognition

- Assessment may also include the review of any medical records the applicant gives the RN permission to access/request and reports from family/friends/caregivers

6. Flow between DAIL and DVHA related to applications (financial and clinical pieces)

- The LTC Medicaid Application is mailed or faxed to the Application and Document Processing Center (ADPC)
- Once the application is received at the ADPC it is routed to the appropriate Benefit Processing Specialist (BPS) at DVHA
- The BPS then emails a copy of the application to the DAIL Nurse
- The DAIL Nurse schedules face to face clinical assessment
- Based on the outcome of the clinical assessment, a Clinical Certification or Denial Notice is sent to the ADPC
- ADPC forwards the Clinical Certification or Denial Notice to the BPS
- DVHA then continues processing the financial application if the person was found clinically eligible OR sends a Notice of Decision (NOD) denial if the person was clinically denied and stops processing the financial eligibility
- If the person is clinically approved, DAIL Nurse makes referral to other appropriate providers based on where the individual wants to receive care and then waits for the DVHA Notice of Decision (NOD) of financial eligibility approval or denial.
- The NOD approval for financial eligibility is received by the DAIL Nurse. The DAIL Nurse then enters a care plan/service authorization in DAIL's database and notifies providers e.g. case manager of the service authorization.
- If at any point in time between the initial clinical and financial approval, the individual becomes ineligible based on clinical or financial eligibility, DVHA and DAIL send each other notices as needed.