

Specialized Recovery Services Program/Eligibility/Expedited SSI-SSDI Webinar **Questions & Answers**

No.	Medicaid Eligibility Questions	Answer
1	Is everyone who qualifies for SSI automatically enrolled in community Medicaid?	Yes. A new Medicaid category was created for those receiving SSI. Individuals found eligible for SSI are automatically enrolled into Medicaid and do not have to apply separately for Medicaid benefits.
2	What about QMB and SLMB?	These are our Medicare Premium Assistance (MPAP) programs. These still exist. Nothing has changed with these programs.
3	Individuals may qualify for QMB or other programs?	QMB, SLMB and all of the MPAP categories still exist. SRS eligibility can be explored for these individuals while in these programs.
4	With the known issue for the QMB clients, what are the next steps for clients and providers?	A new Medicaid card for QMB only individuals is being designed but it is unknown at this time when it will be in production. Providers are still responsible to verify an individual's Medicaid coverage in MITS prior to performing services for that individual. MITS will show that an individual is QMB only and does not have full Medicaid.
5	How much prior notice does the consumer receive before Medicaid is terminated?	Individuals are required to receive at least 15 days' notice before benefits are terminated. It depends slightly based on when the CDJFS issues notice, which is generally around the middle of the month. For example, if an individual receives notice on October 8 th , their benefits would not be terminated until October 30 th . However, if an individual receives notice on October 22 nd , their benefits will not be terminated until November the 30 th . There must be at least 15 days.
6	Will base Medicaid stay open while a person is going through the SRS determination?	Yes, that is correct. The county case worker would need to know that the individual is going through the SRS assessment process. If you run into a situation where an individual is going through the SRS assessment and their Medicaid is terminated, please reach out to the county to let them know that they are going through the SRS assessment process in the event that the county is not aware.
7	If a person has SSDI and an income higher than \$733, do they lose their Medicaid?	An SSDI individual who is not yet receiving Medicare and has income over \$733 per month might be eligible for a MAGI category if they are under the MAGI income limits. However, once the individual starts receiving Medicare, they will be ineligible for MAGI. At this time, eligibility would be explored for ABD and if their income was over \$733 per month SRS eligibility could be explored.
8	What about clients who are on Medicaid with SSDI and is getting Medicare in December 2016? There isn't four months to process.	Complete an SRS referral as soon as possible. Remember, while the individual is going through the SRS assessment process they would be PTR protected under

		their current Medicaid category until the SRS assessment is completed.
9	For individuals who qualify for SRS and MBIWD, which program would they be enrolled in?	In this instance, the individual would be on MBIWD and would also receive the extra SRS benefits (Recovery Management, Individual Placement and Support: Supported Employment and Peer Recovery Support).
10	Was the State aware that Marketplace insurance did not cover CPST services when the decision was made to disqualify people for ABD Medicaid who made more than \$733 in SSD?	Yes. This is one of the reasons that the SRS program was created.
11	If I apply for SSDI today and it takes one year to be approved and my SSDI is approved retroactive for one year, my Medicaid would begin with my SSDI. Can I still get SRS Medicaid?	Yes they can, and we would suggest that the SRS referral is completed as soon as possible.
12	Understood spend downs could've been met 07/01/15-07/31/16 by ODM	Spenddown would need to have been met in the 12 months prior to the new 1634 rules going into effect; which was August 1, 2016. A spenddown met in July 2015 would not allow an individual to receive the extended Medicaid coverage.
13	How would you advise someone who is over the resource limit for Medicaid, SSI, and Buy-In, will age out from their parents' insurance, and likely is not eligible to transfer resources to a STABLE account? Are there any other options?	The individual could spend down their resources and reapply for Medicaid once they were under the Medicaid resource limit. If they do not wish to go that route, they could either purchase health insurance through the Federally Facilitated Marketplace (FFM), purchase private insurance or work with Medicare to see if additional Medicare plans are available to them, such as Medicare Part C.
14	If a client is currently on MBIWD and is a dual eligible and has Medicaid, they have however had to stop working because they have SPMI status disability, they now have some physical issues that prevent them from working at that job. They look for a different job to accommodate their physical issues so they can stay on MBIWD. However after 5 months off work they learn from their doctor that they cannot work at all. Normally after 6 months they would normally no longer be eligible for Medicaid so would SRS be their only option for Medicaid. And when would they apply for SRS so they would not lose Medicaid eligibility?	If the individual is no yet on Medicare they could be eligible for MAGI. If they are on Medicare, they would be ineligible for MAGI and at that time their income would have to be below \$733 per month to be on an ABD Medicaid category. In this situation we would recommend that you do the SRS referral for that individual as soon as possible. Again, as a reminder, they would be PTR protected under their MBIWD category until the SRS assessment is complete.

No.	Expedited SSI/SSDI Questions	Answer
15	If a person is going through the application process for SSI/SSDI but has not been approved yet, is their	It is, and the information is also available without an account. When a person files an application, they can request a confirmation number that they can use to go

	application status and appeal level (if applicable) available on their online account?	on-line and check on the status of the case. It will not provide a lot of detail, but will say if the case is still pending. If the case has been decided, it will tell you that it has been decided but will not provide a decision one way or another.
16	If I apply for SSDI today and it takes one year to be approved and my SSDI is approved retroactive for one year, my Medicaid would begin with my SSDI. Can I still get SRS Medicaid?	Yes, it can and we would suggest that there SRS referral is completed as soon as possible.
17	How does this differ from SOAR?	The SOAR program is more focused on the homeless population.
18	Why are these cases being flagged as 'homeless' if they are not homeless?	The homeless flag is a general flag for any of our special projects. It expedites the whole process for us. By flagging it as homeless on our side of things, it gets to Michelle, who gets it to the adjudicators, so we can make sure we get the process sped up along the way. This flag is something that the field office has determined is easy to use, and simply ensures that it gets to the correct group.
19	I thought SSA has stopped approving disability for substance use related disorders, but I see it is back on the list?	That is correct. We would most likely not approve someone who only has a substance abuse related disorder. However, we do understand that quite often that people do use drugs and alcohol and that they may be self-medicating, so we do evaluate it within the claim. If you do have a client that is using, do not be afraid to say that (and typically we would discover that within the records anyway). We do look at it and do understand. It will not be an automatic denial.
20	Are Psychiatric Nurse Practitioners and Physician Assistants who are the direct treating prescribers considered 'acceptable' medical sources, since they are accepted independent practitioners for reimbursement through Medicaid and Medicare?	At this time, SSA still does not consider Physician Assistants, Nurse Practitioners, or Psychiatric Nurse Practitioners as acceptable medical sources. SSA is currently evaluating adding Nurse Practitioners as acceptable medical sources. We expect to have more information regarding NPs as acceptable medical sources in the near future.
21	Is there any reason why a county agency would need to contact your unit [Unit 7D Homeless/Special Projects/Pre-Release Unit, Department of Disability Determination]?	If a county agency worker was serving as an appointed representative, contact with the unit would be appropriate and encouraged. SSA would need to approve the individual as an appointed representative and the appropriate forms (SSA 1696 or form used in lieu of this) would need to be in file. If a county worker has been identified as third party contact, contact may be appropriate to

		provide assistance or functional information. In addition, requests for information may be made to a county agency and contact may be appropriate. For example, the county agency may provide records or other information by mail, fax, electronic responses or telephone.
22	Are there any considerations for someone who is found able to do comparable work if no such work is found in the area?	A person must be able to engage in substantial work which exists in the national economy. "Work which exists in the national economy" means work which exists in significant numbers either in the region where the individual lives or in several regions of the country. The availability of such work in one specific area is not a consideration. (Ref: SSR 05-1c)
23	To clarify, the claimant will be completely off work during the application process? What if the impairment is related to the amount of time they can do the work and not the actual work? For example, if a construction worker cannot work anymore because of back issues, but he can still do the activity of lifting and bending, but very limited. Does he/she still need to be off work 100%?	The program is concerned with the ability to perform substantial gainful activity. This does not mean the inability to do any work. A person can work but there are earnings limits. However, the activities the person performs in the work at lower earnings levels will be considered when addressing the person's functional ability.

No.	SRS Questions	Answer
24	Is the SRS application completed online?	No. The SRS application is initiated by a Behavioral Health provider referring the individual to BHCP@medicaid.ohio.gov with the subject line "SRS Program Referrals". Please be sure to include the necessary eligibility information or the individual cannot be assigned to a Recovery Manager. Once the information is received, the information will be reviewed and the individual referred to a Recovery Manager. The Recovery Manager will then contact the individual and/or the Behavioral Health Provider to initiate the assessment process. Please note that only referrals who have spent-down between July 2015 - August 2016 will be prioritized for SRS assessment.
25	Does a person have to be receiving/eligible for SSDI in order to be eligible for SRS? If they do not currently have or have not had SSI/SSDI in the past, are they ineligible for SRS?	That is correct. A disability determination from the Social Security Administration is a requirement for SRS eligibility.

26	<p>The SRS manual states that to be eligible for the SRS program, the person must be a recipient of disability benefits under Title II of the Social Security Act. Does this mean that if a person is getting SSI (not Title II), they are not eligible for SRS and the additional services offered IPS Supported Employment and Peer services?</p>	<p>If an individual is receiving SSI, they will be automatically eligible for Medicaid under the new 1634 rules. If the individual would like the additional services available through the SRS program they can be referred but will not be prioritized, as they will not need SRS to maintain Medicaid eligibility. Our current priority is assessing and enrolling individuals who will need SRS in order to maintain Medicaid eligibility after their redetermination in 2017. However, an individual with SSI would meet the SRS eligibility criteria.</p>
27	<p>Only SSD, not SSI, are eligible?</p>	<p>No, both are eligible if they meet the other SRS eligibility criteria. However, remember that individuals receiving SSI are automatically eligible for Medicaid under the new 1634 rules and will not need SRS to maintain Medicaid eligibility.</p>
28	<p>Can we have a copy of the ANSA form that is used to determine the questions or a website to find the form?</p>	<p>More information on the ANSA can be found at http://praedfoundation.org/tools/the-adult-needs-and-strengths-assessment-ansa/</p>
29	<p>What are the income limits for SRS Medicaid?</p>	<p>The income limit for SRS is 225% FPL. For individuals, that is \$2,199 per month.</p>
30	<p>Can you repeat what HCBS stands for?</p>	<p>HCBS = Home and Community Based Services.</p>
31	<p>So, no SRS if an individual resides in a rental unit?</p>	<p>No, that is incorrect. To be eligible for SRS, an individual must reside in an HCBS setting. Generally, any home or apartment owned or leased by the individual or their family member would be compliant. Recovery Managers follow a process to evaluate the setting and this will be done on a case by case basis.</p>
32	<p>If someone was approved for SRS and is up for yearly review, what is the time frame for the review?</p>	<p>The timeframe depends on the person; Recovery Managers are required to re-assess an individual for SRS eligibility no more than 365 calendar days after their previous SRS Program eligibility determination.</p>
33	<p>If I understand correctly, everyone on SRS will be on Medicare. Does this mean they will also be required to enroll in a MyCare plan?</p>	<p>No, that is incorrect. All individuals enrolled in SRS will receive full Medicaid.</p>
34	<p>If a person is on SSI, they will not need to complete an SRS assessment?</p>	<p>In this scenario the individual is gaining their Medicaid eligibility through SSI. If the individual wants the extra benefits that SRS Medicaid covers, you can make the referral but as long as the individual is receiving SSI, they will be eligible for Medicaid. However, our current focus is on the spenddown folks who are not eligible under another category of Medicaid.</p>
35	<p>If you are completing a standardized Medicaid application, does that also cover SRS?</p>	<p>No. Individuals will need to apply for SRS separately. Providers can make referrals using the process described on slide 85.</p>

36	Is there an 800# for a referral?	There is not. Please send referrals via the process outlined on slide 85. If you only have one or two referrals, you can send the information we requested via email and do not need to fill out the spreadsheet. However, if you are sending referrals via email we would ask that you send the information in a HIPPA compliant manner. The May 23rd issue of MITS BITS (link provided on slide 85) provides instructions on how to establish a secure email connection with Ohio Medicaid. You can also send referrals via fax at (614) 387-7661. If using fax, be sure to attach a cover sheet stating that it is for SRS.
37	Can a case manager file for SRS on behalf of a client?	Yes, they can. Behavioral Health providers should follow the process described in the presentation to make SRS referrals (slide 85).
38	How many individuals have been approved for SRS? We have only heard of three in our entire agency, two of whom were approved.	Over 1,000 have been approved and roughly 1,300 have been contacted and/or assessed (some are in progress, some have been denied). It is important to note that currently only referrals who have spent-down in the past 12 months are being contacted and assessed, as this is the population at-risk for losing all Medicaid coverage if they are not enrolled in SRS.
39	Our staff are hesitant to speak with Recovery Managers because there is not a signed release to disclose clinical information. Can you speak to the authorization concern?	<p>Recovery Management entities are doing work on behalf of ODM and as such are a covered entity and are not required to obtain a release of information from a Medicaid provider in order to conduct business on ODM's behalf. This means that no separate or special release is needed for Recovery Management entities to talk with community mental health centers about specific SRS cases. If your agency requires a signed release of information, it would be up to your agency to obtain that from the individual in order to speak with us, but we would not need a signed release in order to speak with you.</p> <p>Our assessment process for the SRS Program includes contacting the behavioral health provider, if one is known. Sometimes, we have attempted to reach individuals and either are unable to reach them, or do not receive a call back. In those instances, if there is an identified behavioral health provider, we are also reaching out to the provider in an attempt to connect with the individual to proceed with the assessment process as we know your agency may have an established relationship with many of the individuals that we are trying to assess.</p>
40	You said that if the client makes about 75% FPL, they need SRS to maintain Medicaid eligibility, correct?	No. If a client's income is 75% FPL they would be eligible for Medicaid under another category and would not require SRS to maintain Medicaid eligibility.

41	Will the Recovery Manager determine in their plan if the consumers is required to receive IPS-SE and/or Peer Recovery Support? If the client does not follow through with the RM's recommendation will they no longer be eligible for Medicaid?	All those approved for and enrolled in the SRS program will receive full Medicaid services as well as Recovery Management, which is the only additional service required for SRS. As part of this service, the individual will have monthly contact with their Recovery Manager which is more about keeping individuals enrolled in the program. The Recovery Manager can authorize and help coordinate IPS-SE and PRS for the individual, but if the individual does not wish to receive these services that is OK. It will not affect their enrollment in SRS or their Medicaid eligibility.
42	For the monthly contact, is that with an SRS rep or with a case manager at an agency?	That will be with the assigned representative from the designated Recovery Management agency. These representatives will coordinate closely with Case Managers for these check-ins.
43	What kinds of services do recovery managers authorize?	Recovery Managers will only authorize the three additional services available through the SRS program. In addition to Recovery Management, these are Individualized Placement and Support: Supported Employment (IPS-SE) and Peer Recovery Support (PRS). The Recovery Managers will not be directly providing IPS-SE or PRS. These services will be coordinated using approved BH providers.
44	We have many people who never applied for Medicaid spenddown, even though they may have qualified - can they apply for SRS?	Yes, they can absolutely apply for SRS. Please note, however, that they will not be prioritized for assessment as they did not meet spend down between August 2015 and July 2016.
45	Is there a way to look up our patients to see if they have already been referred for SRS?	ODM will be sending status updates shortly to all providers who have referred individuals for the SRS program, documenting who has been referred and where those referrals stand in the process.
46	Does the MITS portal identify the potentially eligible population in any way?	No, it does not. Providers will have to identify eligible referrals manually.
47	Are all Ohio counties now using MyCare plans for dual eligibles?	No. MyCare is only active in 29 counties.
48	When and how can staff be trained to do the ANSA?	BH Provider staff will not be trained by ODM on the ANSA. Contracted Recovery Managers are responsible for completing ANSA assessments upon referrals from BH providers. The Recovery Managers have received training and are certified to conduct the ANSA on behalf of ODM.
49	Currently, if someone comes off MBIWD in November because they can no longer physically work and are currently in MyCare, they would become a spenddown Medicaid case. Now, will their SRS application be put on hold because they are not currently on the spenddown list? Again, how do MBIWD clients who have to come off that status avoid a lapse in their Medicaid and loss of MyCare?	Spenddown is no longer available to establish Medicaid coverage. However, even though they did not spend down between August 2015 and July 2016, these individuals will receive priority for SRS assessment because they are at risk for losing Medicaid coverage. Please refer this population immediately.

50	In order for us to make a referral for SRS for a member, they must have previously spent down?	No, anybody who meets the enrollment criteria detailed on slides 70-73 is eligible and can be referred. However, people who were on spend down are being prioritized for assessment and enrollment because they are at-risk for losing their Medicaid coverage at their next Medicaid redetermination in 2017.
51	How would we go about referring a new client to our agency to SRS if they are not already on Medicaid?	These people should be referred to their local CDJFS to complete a Medicaid application, after which they can be referred for SRS assessment.
52	For the priority referrals that were recommended for the SRS program, how are the clients connected to a Recovery Manager to begin the enrollment process?	After receiving the referral, the individual is randomly assigned by ODM to one of two Recovery Management entities within their region (the map on slide 74 shows the Recovery Management entities by county/region). A Recovery Manager will then reach out to the individual to begin the SRS assessment process.
53	Does the provider need to wait on a client's application to SRS to be approved before billing for services for the client?	Yes, they do. If an individual needs SRS to maintain their Medicaid eligibility, the individual must be enrolled in SRS before receiving services. The SRS assessments and approvals are being completed as quickly as possible. In order for an individual to receive PRS or IPS-SE, these services must be authorized in the individual's Person Centered Plan (PCP) by a Recovery Manager. If billing for non-SRS Medicaid covered services, the provider must be enrolled with Ohio Medicaid. More information on provider enrollment can be found here .
54	To be clear, SRS referrals must be sent to BHCP@medicaid.ohio.gov with the subject line "SRS Program Referrals" and include their eligibility information, correct?	That is correct! Be sure to use the designated referral template and provide all requested eligibility information.
55	How long is the enrollment process for the client?	It depends. SRS assessments and approvals are being completed as quickly as possible.
56	Is a Miller Trust (Qualified Income Trust-QIT) required for clients applying for the SRS program?	No. A QIT is for individuals with income over \$2,199 per month who are receiving long-term care services (i.e. receiving waiver services or living in a Nursing Facility). Per the HCBS regulations, individuals receiving waiver services or who reside in a nursing facility are not eligible for the SRS program.
57	What can we do with our severely mentally ill clients who cannot articulate their treatment history due to Anosognosia, Psychosis, or other cognitive impairments? Is there a way to request to be a support person or authorized representative and apply for them and/or participate in the evaluation process?	Anyone can make a referral for the SRS program. If an individual indicates that they would like others to participate in the SRS assessment process that is permissible.
58	Is the Recovery Management initial meeting required to be at the client's home or can they use collateral information from a provider? We are seeing clients reluctant to meet the Recovery Managers at their homes.	Recovery Managers will need to visit an individual's home in order to evaluate whether it is HBCS compliant before SRS eligibility can be determined. However, the ANSA can be completed in another setting.

59	It was stated that Recovery Managers are not case managers and will not replace individual's MH case managers. Knowing this information, can the recovery manager complete the ANSA assessment with the individual at the case managers' office instead of in the individual's home? I realize home setting needs to be verified. However, that can definitely be verified through the case manager.	The ANSA can be completed in another setting. However, the individual's residential setting will need to be evaluated by the Recovery Manager.
60	Does CareSource contract with other agencies like Area Agency on Aging in the Marietta Region?	CareSource sub-contracts with AAA7, 8, and 9 in the Marietta Region.
61	What is the difference between a 1915c and 1915i waiver?	1915c is a waiver, while 1915i is a state plan option. Both are legal authorities that states can use to change their Medicaid programs. Both provide HCBS options for state Medicaid agencies. More information can be found here .
62	We have received letters that our clients have been denied SRS. It doesn't say why, but it gives the option to appeal it. What is the timeframe for finding out about the appeal?	Individuals who wish to appeal an eligibility decision may request a state hearing within 90 days of receiving a Notice of Action from ODM. Hearing decisions involving the Medicaid program must be issued within 70 calendar days from the date of the hearing request. More information can be found in OAC section 5101:6-7-01 .
63	You mentioned the PRS certified provider list. How do RM's determine the hours/units allotted? Can this be found in the OAC rules?	An individual's Person Centered Care Plan (PCP) will outline all of their services through SRS. The PCP will detail the amount, frequency and duration of these services. Recovery Managers will work the individual and their care team to develop the PCP. Care team members include the individual, their family and friends, an authorized representative (if applicable), their mental health counselor and their physician. This is not listed in rule. More information on the OhioMHAS Peer Recovery Supporter certification program can be found here .
64	Can you explain the reasoning for having two codes (especially since they are the same rate) for ISP-SE; one for initial visit and one for ongoing?	The reason for two codes is because these are national coding standards that ODM needs to follow in order to be HIPPA compliant.
65	If a PCPST provider is meeting with a Care Manager and the client, are they able to bill CPST as a service?	Yes.
66	Can you clarify again what the requirements are for the intensive outpatient rehabilitation program for more than 90 days? Is there any involvement with the local MH agency?	This is related to the SRS eligibility criteria and whether an individual has been involved with any outpatient MH provider for any length of time at any point. This is also self-reported. Recovery Managers are not looking to confirm this with a Mental Health provider; if an individual reports this Recovery Managers will consider it to be true.
67	Will Medicaid recipients still have coverage for PHO and IOP programs for Mental Health? We saw the benefit listed for substance abuse, but have heard Medicaid will no longer pay for PHO and IOP for Mental Health next year.	As part of Ohio's Behavioral Health Redesign initiative, the Mental Health Partial Hospitalization program is being renamed Mental Health Day Treatment to more accurately describe the service that is being delivered. Intensive Outpatient is not a mental health service, but rather a level of care for substance abuse in the ASAM

		level array. The service of Intensive Outpatient will be available in that level of care in the SUD benefit.
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Acronym List

ABD: Aged, Blind & Disabled

AEMA: Alien Emergency Medical Assistance program

ANSA: Adult Needs and Strengths Assessment

CJDFS: County Department of Job and Family Services

FFM: Federally Facilitated Marketplace

HCBS: Home and Community Based Services

MAGI: Modified Adjusted Gross Income

MBIWD: Medicaid Buy-In for Workers with Disabilities

MHAS: Ohio Department of Mental Health and Addiction Services

OAC: Ohio Administrative Code

ODM: Ohio Department of Medicaid

RM: Recovery Manager

RSS: Residential State Supplement program

SOAR program: SSI/SSDI Outreach, Access, and Recovery program

SRS: Specialized Recovery Services program

SSA: Social Security Administration

SSDI: Social Security Disability Insurance program

SSI: Supplemental Security Income