



Massachusetts

Federal Vision for Financial Eligibility

The NWD System's streamlined access to public programs function includes all of the processes and requirements associated with conducting formal assessments and/or determining an individual's eligibility for any state administered program that provides LTSS to the NWD System populations. States use their NWD System to better coordinate and integrate these functions and processes so individuals experience an access process that is seamless and expeditious, and the public's expenditures on administering these access functions are better spent. This component serves as a standardized process by which all individuals enroll in publicly funded LTSS. All of these public access processes and requirements are part of, and integrated into, the state's NWD System's streamlined access function, so states can use their NWD System as a vehicle for optimally coordinating and integrating these processes to make them more efficient and effective, and more seamless and responsive for individuals.

The NWD System's interface between individuals and public LTSS programs ensure that:

- ▶ Individuals are assessed once via a common or standardized data collection method that captures a core set of individual-level data relevant for determining the range of necessary LTSS, therefore only asking individuals to tell their story once;
- ▶ The eligibility determination and enrollment process, even if the person is applying for multiple public programs, is as streamlined and timely as possible; and,
- ▶ The process takes into account and gives priority attention to the individual's personal goals and preferences and feedback is continually collected and used to improve the performance of the state's LTSS access functions and processes.

For more information about the NWD model, visit:
<http://www.acl.gov/Programs/CDAP/OIP/ADRC/Index.aspx>

This brief highlights **Massachusetts' promising practice to implement coordinated financial eligibility processes building upon its NWD/Aging and Disability Resource Center (ADRC) infrastructure.**

Massachusetts' Successful NWD Promising Practice

History

The Massachusetts' NWD/ADRC system was established in 2003 with its receipt of the first ADRC grant jointly sponsored by the Administration on Aging (AoA) and the Centers for Medicare and Medicaid Services (CMS). MA has been a leader in the development of cross-disability ADRCs, promoting the philosophy of consumer-direction, person-centered principles, and choice. Eleven ADRCs serve the entire Commonwealth, with regional partnerships among its Aging Services Access Points (ASAPs), Area Agencies on Aging (AAAs), Centers for Independent Living (CILs), among others.

Acronyms

ADRC = Aging and Disability
Resource Center
ASAP = Aging Service Access
Points
AAA = Area Agencies on
Aging
BIP = Balancing Incentive
Program
CIL = Center for
Independent Living
FFP = Federal Financial
Participation
FTE = Full Time Equivalent
LTSS = Long Term Services
and Supports
MEC = Medicaid Enrollment
Center
NWD = No Wrong Door

LTSS Eligibility Specialists

Over the years, MA has been on the forefront in thinking about streamlining access to publicly funded programs and services including the Virtual Gateway, the internet portal providing online access to health and human services across the Commonwealth, and co-location of ADRC staff at corresponding organizations for non-eligibility related work such as Options Counseling. Most recently and in collaboration with its Balancing Incentive Program, the MA NWD/ADRC system is putting the structures in place to use BIP funds to hire Long Term Services and Supports (LTSS) financial eligibility specialists who will work within the MassHealth (Medicaid) Enrollment Center (MEC) system and provide technical expertise for ADRC and state agency staff. The long-term goal is to embed the LTSS eligibility specialists within the ADRCs to provide added capacity to: 1) improve the navigation of the financial eligibility process, and 2) align the timing of functional determinations with financial determinations. There are four MECs across the Commonwealth, and each MEC will hire 2 FTE. The MassHealth clinical eligibility determination process is outsourced to the ASAPs, core members of the MA ADRCs. Each ADRC will be expected to identify a lead liaison to the MEC staff. This new practice will bridge the most critical agencies and staff responsible for the clinical and financial eligibility processes for Medicaid.

The ADRC will remain the primary point of contact for consumers. The ADRC may support consumers in the MassHealth application process, with necessary MassHealth financial documentation being directed to the MECs. LTSS financial eligibility specialists will be assigned to visit each ADRC member agency in its service area on a defined schedule to assist with MassHealth applications that the ADRC staff and consumers who come in the door as walk-ins have brought to the MEC Specialist's attention, or will assist in fielding calls from consumers regarding the MassHealth financial application process.

The ADRC staff will "shadow" the specialist while working onsite, observing consumer-specialist interactions as well as phone calls. It is hoped that the ADRC staff become more familiar with the MassHealth financial eligibility process to be able to assist MassHealth applicants when the LTSS financial eligibility specialist is not onsite. Furthermore, the one on one communication will hopefully prove to enhance the efficiency and effectiveness of the MassHealth eligibility process and time from application to decision by removing the time and communication barriers in the absence of direct contact. Oftentimes, there are specific cases or complex applications that will benefit greatly from the added time and focus of a team approach, resulting in expedited approvals or denials. The person-centered outcome is for individuals to be connected to services more quickly. For individuals who are denied eligibility, the ADRC becomes the fall back entity with an already established relationship to support individuals in exploring non-publicly funded services and supports through person-centered Options Counseling.

Sustainability

The Balancing Incentive Program is committing funding as a key structural change. Beyond BIP funding, the Commonwealth is developing a fiscal plan to sustain the FTEs after BIP funds expire, which includes Medicaid administrative match through FFP.

Identifying No Wrong Door Promising Practices

No Wrong Door (NWD) Promising Practices are intended to highlight successful state programs providing a model from which NWD Systems can gather strategies and innovations that can augment their own work. A promising practice may be a research or evaluation project, policy analysis, data assessment, outreach initiative, or awareness effort. While Promising Practices are unique to each program, they do offer replicable components for diverse settings and share many common characteristics including the capacity to reach the population of focus, address the aspirations of individuals, drive quality and impact methodology and measurement