

ODM Coronavirus (COVID-19) Frequently Asked Questions Updated March 30, 2020

Medicaid Eligibility:

- Q: We had several Nursing facilities (Authorized Representatives) with concerns on the ability to obtain verifications during this emergency. How do we proceed with LTC cases during the State of Emergency in which the individual's POA, Authorized Representative, and/or Community Spouse is limited to accessing verification of Resources and Income due to the many restrictions in place?
- A: During the COVID-19 public health emergency, self-attestation will be appropriate for all Information except for citizenship and immigration status. This is true for MAGI, non-MAGI and LTC categories. All self-attested information should be recorded in OBWP. The information will need to be verified and updated at the individual's next annual renewal.
- Q: ODJFS has just given guidance that in the event that we have exhausted electronic verification, and collateral contact, and must use client statement to process the case we should do so in real time and not send a 7105 and delay eligibility. The thought is to not have people trying to go out and provide verifications for our programs. Is this ODM's stance as well for case processing?
- A: During the COVID-19 public health emergency, self-attestation will be appropriate for all Information except for citizenship and immigration status. This is true for MAGI, non-MAGI and LTC categories. All self-attested information should be recorded in OBWP. The information will need to be verified and updated at the individual's next annual renewal.
- Q: There has been chatter among county supervisors whether there is direction about taking any negative action on any Medicaid cases at this time. We know that Medicaid Renewal queues are being closed at this time and we are refocusing our attention on processing applications, however what we are not sure of is how to handle changes and known information that normally would result in a termination.
- A: Please suspend processing negative changes except for death, individual moved out of state or the individual requested closure. All positive changes should still be worked (examples: adding pregnancy information, job loss reported and all address/phone number updates).
- Q: Medicaid was closed for an individual in February 2020 for being over income due to unemployment. Case is closing effective 3/31/2020. Individual is not eligible for TMA. Due to COVID-19 her dentist will not see her this month for the procedure she had scheduled. What are her options?
- A: Per MEPL 150, individuals are required to report the following changes in circumstances for themselves or any persons living with the individual:
- Address, phone number, or other change in contact information
 - Decrease in income
 - Moving out of Ohio
 - New household members
 - Pregnancy
 - Birth or death
 - New Medicare coverage
 - New receipt of Supplemental Security Income (SSI) or Retirement, Survivors, and Disability Insurance (RSDI)

The reporting of other changes is suspended through the end of the month in which the emergency period ends. The CDJFS should process only those changes in circumstances listed above that individuals are required to report. All other changes should be updated on the case but not processed.

Q: We know that Medicaid Renewal queues are being closed at this time and we are refocusing our attention on processing applications. What we are not sure of is how to handle changes and known information that normally would result in a termination.

A: Please focus efforts on processing pending intake applications, new intake applications and reinstatement of coverage for individuals who were discontinued for failing to renew, but have provided their renewal within the 90-day reinstatement period. During the COVID19 emergency period, only process changes as listed in MEPL 150.

Q: Will renewal packets still be distributed, during the months of April, May etc.? If we receive the renewal packets during the suspended period, do we mark them as received and do we still work them?

A: Renewal packets for April did go out but the reminder letters for April renewals did not go out. There will be no April auto-discontinuance process to close individuals for failure to renew. Renewal packets and reminder letters will also not be sent for May and the auto-discontinuance for May will not run. Things may continue this way after May renewals as well.

If a renewal packet is received from an individual, mark it received on the Reporting screen. Right now, the focus should be placed on processing new and pending intake applications. However, if an individual has been discontinued due to failing to cooperate in the renewal process and then they cooperate within the 90-day reinstatement period, these renewals should be processed. If an individual returns his or her renewal packet but the program block remains active, we ask that these renewals not be processed during the emergency period in order to allow for more time to be dedicated to intake applications and reinstatements.

Q: Are renewals not being completed automatically?

A: The only renewals completed automatically are those that go through the passive renewals process and are successful. The passive renewal process will still run during this time since individuals are not discontinued through the passive renewal process. During the COVID19 public health emergency there will be a suspension of renewals and cases due for renewal during this period will have their renewal due date adjusted through a DBCR.

Q: We have a Medicaid renewal and income was provided, but the individual is over income. The negative change has not been run. Do we put the income into Ohio Benefits? If batch runs, the case would close for over income. How do you want us to handle putting information into the Ohio Benefits system? Do we just journal the information, only?

A: It would still be appropriate to update Ohio Benefits with the new income, document the change you entered and why EDBC was not saved. Batches are currently turned off so the change will not be picked up in a batch sweep until after batches have been turned back on. Batches will be turned back on after the emergency period has ended.

Q: Are we to take self-attestation of the resource requirements for these programs? If so, does that also include SLMB and QI1 programs?

A: Yes, you should accept self-attestation of income and resources for all MAGI, non-MAGI and LTC programs, this includes MPAP.

Q: What if we don't know it is a negative change until we process the case? Do we just leave those cases pend?

A: If you update the case and determine after running EDBC that the change has a negative impact you can simply cancel the EDBC run. The Medicaid household will still be active and will not show as pending. Please document information on the change you entered, that EDBC wasn't saved and the reason why. Batches are currently turned off so the change will not be picked up in a batch sweep until after batches have been turned back on. Batches will be turned back on after the emergency period has ended.

Q: What is the date a state of emergency was declared?

A: The emergency was declared 3/18/2020, but the effective date is retroactive to 3/1/2020 per MEPL 150.

Q: Do you recommend we enter non-compliances and new jobs/increased income and just not run EDBC to take a negative action, or should we only enter this information into the journal so it can then be entered at next renewal?

A: It would still be appropriate to update OB with the new income or job, document information on the change you entered and why EDBC was not saved. Batches are currently turned off so the change will not be picked up in a batch sweep until after batches have been turned back on. Batches will be turned back on after the emergency period has ended.

Q: We have been advised that our customers who have a Medicaid Renewal due can continue receiving Medicaid benefits until we are able to officially complete their redetermination process. However, for TMA will they continue to receive benefits? Or will they be done at the end of their 12-month TMA certification? For example; we have someone who has a renewal due month of 04/2020 for TMA. Will their TMA benefit end or continue?

A: Currently, all discontinuance batch processes have been turned off, as well as the renewal and TMA form batches. Per MEPL 150, counties should not take any negative action on a case (except for death, moved out of state and voluntary request to discontinue). For your individual who is on TMA with a 4/2020 renewal date, TMA will continue. The April auto-discontinuance process will not run so if the individual does not return the renewal packet, they will remain open. If the individual does return the renewal packet, it should not be processed at this time. Renewal dates that occur within the COVID-19 public health emergency will be updated to a future month.

Q: If we receive an application requesting MPAP and the individual is not stating any income or resources, we have failed to reach them, we have pinged the hub, checked e-Verify, and work number and nothing comes up for them, do we consider that self-attestation that they have no income or resources?

A: No, it would not be considered self-attestation if the individual did not provide income and resources on the application. A statement of income and resources would be needed from the individual.

Q: We were just notified by TAC (developmentally delayed work facility) that all their clients are no longer working due to COVID-19 and will no longer have income. They all have MBIWD and SNAP. When income stops it kicks them off MBIWD and the systems explores ABD Medicaid. Would this be correct, with the pandemic situation being the reason that they are no longer working? Is there a way to keep them on as MBIWD due to the situation at hand?

A: Even though these individuals are no longer working, they can continue to receive MBIWD for 6 months in accordance with OAC 5160:1-5-03(C)(4). If they have not returned to work after 6 months, then other Medicaid categories could be explored. Per MEPL 150, the individual's self-attestation of his or her job

loss is sufficient to process the change. Provided the individual remains eligible for another full category of Medicaid, the EDBC results should be accepted.

Q: I understand that for CSS the renewal is not being processed, but are counties still processing renewals as usual right now? Example – an individual is over income so would Medicaid close or after 2 written requests the income verification is not returned agency would close the Medicaid.

A: Currently, we have asked that counties focus on new and pending applications instead of renewals. However, if someone who has been discontinued for failure to renew complies within the 90-day reinstatement period, the renewal should be processed, and coverage reinstated as quickly as possible. Per MEPL 150, counties will no longer discontinue Medicaid (except for death, moved out of state or voluntary discontinuance). It would be appropriate to update OBWP with the reported change, document in the Journal that the change was entered and why EDBC was not saved. Batches are currently turned off so the change will not be picked up in a batch sweep until after batches have been turned back on. Batches will be turned back on after the emergency period has ended.

Q: Per our CSS call yesterday it was discussed how the Medicaid Renewal queues have been closed within CSS and AHS. We were told that we should not focus on renewals but rather Medicaid intakes. If we have LTC renewal for March that we already requested income for and they don't provide it, are we taking the action on the case? It was our understanding from our call that renewal dates may be pushed out and we shouldn't mess with renewals.

A: Currently, there should be no negative actions taken on a case (with a few exceptions for death, voluntary discontinuance and moved out of state). The case worker can leave the case in its current active status and the renewal date will be adjusted due to the COVID-19 public health emergency.

Q: We are making collateral contact as much as possible, however, banks are still not providing account information over the phone. Are we to accept client statement for resources?

A: Yes, if the information cannot be obtained electronically or through collateral contact, client statement is acceptable at this time due to the COVID-19 public health emergency.

Q: We have an individual who is closing out 3-31-2020 due to being over income. He was in the agency and stated that he got a call that his case would remain open due to COVID-19. Is this correct? I have not seen this directive; can you please provide me with this information if this is correct.

A: ODM is currently working on a plan to reinstate individuals who are closing 3/31/2020 and 4/30/2020. This has not been communicated yet because the details are still being developed. However, since this individual has contacted the agency, and the individual was active as of the date of the declaration of the emergency, the caseworker should reinstate. Please make sure that journal notes state reinstatement is being done due to the COVID-19 public health emergency.

ODM will provide details on the reinstatement plan as soon as they are available.

Q: Is there any guidance on how to expedite verifying employment ending for individuals whose employers have had to shut down during the coronavirus?

A: Self-attested statements of income can be accepted during the COVID-19 public health emergency.

Q: February renewals that have not been terminated yet due to failing to complete the RE (batch fall out cases), are we able to terminate these cases 3-31-2020 or do they fall under the temporary suspension?

A: Any individual who was open on Medicaid at the time of the public health emergency declaration (3/18/20) should remain on Medicaid through the duration of the emergency period.

- Q: We have an individual that has a renewal due 3/2020 and has provided income verification. Client is over income for Medicaid. Since we cannot close, do we need to set a reminder to run following COVID-19 rules? Do we manually change the RE due date for passive renewal to run again?
- A: Currently, there should be no negative actions taken on a case (except for death, moved out of state and voluntary request to discontinue). OBWP can be updated with the reported changes, but EDBC should not be run. Be sure to document the change that was made and why EDBC was not saved. Batches are currently turned off so the change will not be picked up in a batch sweep until after batches have been turned back on. Batches will be turned back on after the emergency period has ended.
- Q: I am working our pending renewal greater than 90 days for Medicaid report. Most of these were due for renewal in 01/2020 & 02/2020. I know the new guidance is not to close Medicaid renewals for 03/2020, 04/2020 & 05/2020 as the certification spans will be extended out 180 days. My question is are we able to close delinquent Medicaid for failure to cooperate with recert if a renewal packet/reminder letter was sent with no response or are you also going to run a batch and extend those certification periods as well?
- A: Currently, there should be no negative actions taken on a case (except for death, moved out of state and voluntary request to discontinue). If the individual did return a renewal and it is being processed late, it would still be appropriate to update OBWP with the updated information. If the change will negatively affect the individual, document the change(s) entered, and why EDBC was not saved. Batches are currently turned off so the change will not be picked up in a batch sweep until after batches have been turned back on. Batches will be turned back on after the emergency period has ended.
- Q: Is the county to forego the transfer of asset test until an individual's renewal? Also, are we to take client statement of a community spouse's income when calculating a potential MIA?
- A: The agency should complete the transfer of asset test except that the information provided by the individual can be self-attested. During the COVID-19 public health emergency, self-attestation will be appropriate for all information except citizenship and immigration status. All self-attested information should be recorded in OBWP and can be updated and verified at the individual's next annual renewal.
- Q: Since an interview is not required, we don't talk with our LTC clients. After receiving an application, we mail a checklist to the client and AR; therefore, they haven't self-attested to us. How should we proceed?
- A: Per MEPL 150, self-attestation of income and resources are acceptable. If the individual provides a statement of income and resources on the application, then the agency should use that information to make the eligibility determination. If the individual does not answer any income questions or provide resource information, the eligibility worker should attempt to contact the individual or AR to obtain a statement of income and resources. Please remember to put detailed notes in the Journal.
- Q: The 7200 and 7216 applications do not request resources. We will have to reach out to our pending applicants. Correct?
- A: You are correct. Keep in mind, the SSP does address resources but, if the questions are not answered in the SSP, you will still have to contact the customer for resource information. Attempt to reach the individual or AR by phone first to obtain self-attestation of income and resources before sending a checklist for information.
- Q: Can you please give us some clarification on what we are doing with Medicaid when there is a verified over income or verified over resource situation? The email that we received stated negative changes were only to be completed in 3 situations—death, moved out of state or verbal request to close. However, in the webinar yesterday, Chasity Parks stated that if the negative impact is verified, then the negative action should be taken. I just want to be sure that JFS and MEDICAID guidance is separate before

informing our case managers on what actions to take. So, if we have a situation where it is verified that someone is now over income or over resources for Medicaid, are we ignoring that? If so, how do we enter the information into the system to prevent them from being shut down in a batch run? If this is not correct, please confirm that we are able to negatively affect a Medicaid case for verified over income or over resource changes.

A: Currently, there should be no negative actions taken on an individual who was in receipt of Medicaid at the time of the COVID-19 public health emergency declaration. Any changes reported that result in a negative change for the individual should be recorded in OBWP but EDBC results should not be saved and negative action should not be taken until after the emergency period has ended. Batches are currently turned off so the change will not be picked up in a batch sweep until after batches have been turned back on. Batches will be turned back on after the emergency period has ended.

Q: I have a case where the auth rep also works at JFS in another county. I acted on this case to close Medicaid effective 3/31/2020 last month. She just emailed me asking me when I was going to open him back up since ODM has sent out directives to not take negative action on cases excepting specific circumstances

A: ODM is currently working to reinstate individuals who are closing 3/31/2020 and 4/30/2020. This has not been communicated yet because the details are still being developed. However, since this individual has contacted the agency, and the individual was active as of the date of the declaration of the emergency, the caseworker can reinstate. Please make sure that journal notes state reinstatement is being done due to the COVID-19 public health emergency. ODM will provide details on the reinstatement plan as soon as they are available.

Q: Has there has been any talk of extending the delinquent Medicaid renewals? We know March through May will be extended, so we're moving to put our Reapplication workers onto application processing, but we still have around 3200-3500 delinquent renewals.

A: Renewals that were due during the COVID-19 public health emergency will be adjusted. However, ODM did not receive permission from CMS to adjust renewal dates for any past due renewals. Please focus efforts on processing pending intake applications, new intake applications and reinstatement of coverage for individuals who were discontinued for failing to renew but have provided their renewal within the 90-day reinstatement period.

System Related:

Q: We received the following information as part of an OB Communication:

Beginning Monday, March 23, 2020 and until further notice, the following Ohio Benefits systems will be available to counties from 6 a.m. until 11 p.m. daily:

- Ohio Benefits
- EDMS
- CSS/IVR

Does this mean we have to have coverage from 6 am to 11 pm? Will clients be told there are agents available during this entire timeframe?

A: The additional hours were worked out for those counties who are doing different shifts for their staff due to daycare issues or simply to allow for social distancing while staff are at work by splitting staff in-office at any given time.

Q: Would you be able to tell me what the availability of the state system (Ohio Benefits, EDMS Document Imaging, etc) is so we can determine what hours our employees could potentially work. We're trying to determine when workers can come in and be able to access everything they need.

A: Beginning March 23, 2020, and until further notice, the following Ohio Benefits systems will be available to counties from 6 a.m. until 11 p.m. daily:

- Ohio Benefits
- EDMS
- CSS/IVR

Q: We have received a call from an applicant who tried to apply online and was unable to. She contacted GCJFS to ask for the number to call to apply over the phone. She was provided with the Medicaid 800-324-8680. When she called them, she was told to call 844-640-6446 to apply over the phone.

She called this number, explained she was discontinued at her 2/2020 renewal for being over income. Her last day of Medicaid was 2/28/2020. She has since been laid from work. At that time, she was advised to not file an application and to call her local County office. The representative stated that due COVID-19 and the fact that she was laid off within 20 days of losing her Medicaid, the county agency is to rescind her and put her back onto Medicaid effective 3/1/2020.

Is this what is currently supposed to be happening? If so, can we have an email advising the counties of how to go about business in this type of situation?

Is it possible for someone to confirm the 844-640-6446 is the most legitimate number for applicants to apply online?

A: When an individual who calls CSS (844-640-6446) selects the renewal option, the CSS technology should check to see if the individual is active or discontinued. If the individual is active, they will be played the message that renewals are not being completed at this time and Medicaid will continue. If the caller's status is discontinued (or pending or denied), the caller will be routed to the new application queue so someone can check to see if they need a new application or renewal.

The Medicaid Hotline (800 -324-8680) does not have the technology to see if a person is active or discontinued so it would be up to the individual answering from the Hotline to provide the correct guidance if the individual gets through. Currently, the Hotline renewal queue is also closed so individuals may be calling back to select the new application option.

Q: Since CSS and AHS will not be doing renewals at this time, what about individuals who were due for renewal but were closed for not cooperating with the renewal, but still within 90-day reinstatement? Will they be treated as New Applications instead of renewals for the purposes of this directive? Will this same disclaimer be added to the SSP for individuals who attempt to complete their renewals through their SSP account?

A: When an individual calls CSS to complete renewal, the CSS will be able to check if the individual is active or discontinued. If active, the recording will state that renewals are not being completed and Medicaid will continue. If discontinued, the individual will be routed to the new application queue. It will be up to the caseworker to review and determine if a renewal (still in 90-day reinstatement period) or new application is needed.

The Medicaid Hotline does not have the technology to see if a person is active or discontinued so it would be up to the individual answering from the Hotline to provide the correct guidance if the individual gets through. Currently, the Hotline renewal queue is also closed so individuals may be calling back to select the new application option.

