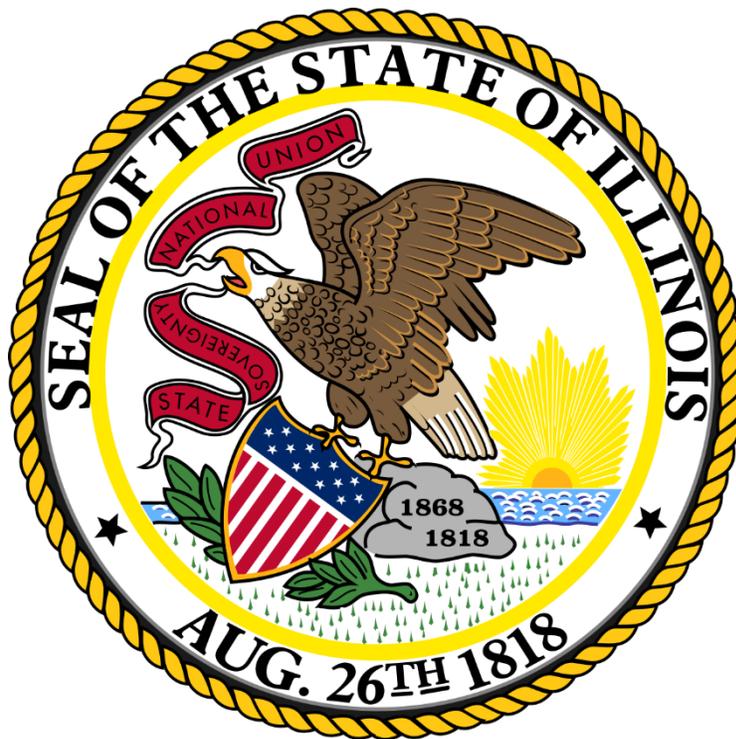


LEGISLATIVE AUDIT COMMISSION



Performance Audit of Medicaid Eligibility
Determinations for Long Term Care

September 2022

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Springfield, Illinois 62706
217/782-7097

**Performance Audit of
Medicaid Eligibility Determinations For
Long Term Care**

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**RECOMMENDATIONS – 5
ACCEPTED – 5
PARTIALLY IMPLEMENTED – 4
IMPLEMENTED – 1**

PRIOR AUDIT FINDINGS – 8

On August 25, 2017, the Governor signed into law Public Act 100-380 which amended the Illinois Public Aid Code. This amendment to the Illinois Public Aid Code requires that beginning July 1, 2017, the Auditor General is to report every three years to the General Assembly on the performance and compliance of the Department of Healthcare and Family Services (HFS), the Department of Human Services (DHS), and the Department on Aging (DoA) in meeting the requirements placed upon them by Section 11-5.4 of the Illinois Public Aid Code and federal requirements concerning eligibility determinations for Medicaid long-term care services and supports. This is the second audit (CY18-CY20) of their performance and compliance.

Background

The U.S. Department of Health and Human Services defines long-term care services as services that include medical and non-medical care for people with a chronic illness or disability. Long-term care helps individuals meet health and personal needs. Long-term care can be provided at home, in the community, or in a facility. For purposes of Medicaid eligibility and payment, long-term care services are those provided to an individual who requires a level of care equivalent to that received in a nursing facility.

In order for Medicaid to pay for long-term care services, an applicant must meet general Medicaid eligibility requirements as well as financial and functional eligibility criteria. Eligibility requirements are established by federal regulations and State law.

- Financial eligibility requires an assessment of a person's available income and assets.
- Functional eligibility is defined as an assessment of a person's care needs, which may include a person's ability to perform activities of daily living (bathing, dressing, using the toilet, eating, etc.) or the need for skilled care.

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If either financial or functional eligibility requirements are not met, Medicaid will not pay for long-term care services. However, over time, individuals may deplete their resources or income and become financially eligible, or their functioning may deteriorate to the point where they do meet functional eligibility criteria. (Page 3)

During the audit, issues related to the Integrated Eligibility System (IES) continued to be identified. These issues surrounded the system's internal controls as well as the completeness of the data provided. Due to these issues, the auditors determined reviewing the entire population of the applications data would not provide accurate results for the purposes of this audit and instead performed sample testing.

In addition, the COVID-19 Public Health Emergency allowed for significant changes to the Medicaid LTC eligibility determination process. These changes affected the approval of applications, referrals to the HFS Office of Inspector General (OIG), and redeterminations. Consequently, additional follow up should be completed related to the required review for this audit when the Public Health Emergency and related changes have ended. The changes suspended most of the previous eligibility determination requirements. (Page 5)

Agencies Involved with LTC Eligibility Determinations

There are three State agencies involved in determining long-term care (LTC) eligibility: DHS, DoA, and HFS. Each of these agencies has responsibilities in the LTC eligibility process:

- DHS has the responsibility of determining an applicant's medical eligibility.
- DoA has the responsibility to conduct level of care determinations for nursing home facilities/institutional care (functional eligibility).
- HFS has the responsibility to develop policy related to LTC eligibility, investigate assets (if needed) to assist in determining an applicant's financial eligibility, and ensure payment is made to the LTC provider.

Key Findings

For the 50 applications tested, the auditors we found that only 15 applications (**30%**) had an eligibility determination completed within the required timelines. On average, the 50 applications were **72 days overdue**. The auditors found cases with an HFS Office of the Inspector General (OIG) referral were an average of **125 days overdue** while cases without an HFS OIG referral were **47 days overdue**.

In addition, despite differences between the various reports produced by HFS, all three reports reviewed indicated applicants were not receiving their determinations of eligibility in a timely manner. Consequently, the status of the prior recommendation on the timeliness of eligibility determinations was determined to be **not implemented**.

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DHS and HFS noted that an IES system enhancement was established to address the processing delays related to OIG asset investigations. However, applications involving HFS OIG asset discovery investigations continued to be overdue during this audit period. The prior audit found that applications involving asset discovery investigations were an average of 114 days overdue. For this audit, auditors tested 16 cases referred to the HFS OIG in fiscal year 2020 to follow up on this recommendation. During this testing, auditors found that applications involving asset discovery referrals were an average of **125 days overdue**.

In addition, multiple issues were identified for these HFS OIG cases during their review. These issues included incorrect information in IES and a lack of controls in IES. As a result, the status of the recommendation on processing delays related to HFS OIG asset discovery investigations was determined to be **partially implemented**.

DHS and HFS continued to not adequately track extensions in IES during this audit period. For the 13 extension cases reviewed, 10 cases (**77%**) contained issues such as inaccurate IES data, a lack of extension information in IES, or more than two extensions. According to HFS, a defect was discovered during the audit that affected the accuracy of the data in IES. As a result, the status of the recommendation on extension tracking was determined to be **not implemented**.

The prior audit found the LTC monthly reports did not contain all elements as required by statute. The auditors reviewed the LTC monthly reports for calendar years 2018 to 2020 and found HFS had added missing elements to the reports but was not providing all the information as required. As a result, the status of this recommendation on the LTC monthly report completeness was determined to be **partially implemented**.

During the prior audit, auditors found the LTC monthly reports were not accurate due to duplicate entries and other issues with the source data and a potential overstatement of the number of days applications are pending. During this audit, auditors reviewed the monthly reports for calendar years 2018 to 2020 and found similar issues with accuracy that were identified during the prior audit. They also found 11 of 50 applicants tested (**22%**) had a reported disability which would allow 60 days for processing those applications.

The auditors also requested LTC data on the total number of redeterminations completed during the audit and found the redeterminations data in the monthly reports contained multiple issues. Therefore, the status of the recommendation on the LTC monthly report accuracy was determined to be **not implemented**.

Public Act 100-380 requests the Auditor General to review and evaluate the efficacy and efficiency of the task-based process used for making eligibility determinations in the centralized offices of DHS for LTC services. During this audit period, DHS made the decision to move away from the task-based system to a new facility-based system. According to DHS, there were significantly more pros and less cons for the facility-

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based approach. Although the decision to switch to the facility-based approach appeared to be reasonable, additional follow-up will need to be conducted during the next audit period. In addition, the agencies need to address the issue of IES not fully supporting the facility-based model before the required review of this during the next audit period.

RECOMMENDATIONS

1. **The Department of Healthcare and Family services, including the Office of the Inspector General, and the Department of Human Services should work together to implement controls to improve timeliness of long-term care eligibility determinations to comply with timelines contained in federal regulations and the Illinois Administrative code (42 CFR 135.912 and 89 Ill. Adm. Code 10.420).**

Findings: According to the data, 18,019 LTC applications were submitted during fiscal year 2020. The auditors selected a sample of 50 applications for testing due to the issues noted above. See Appendix B for additional sampling and testing information related to the audit's scope and methodology.

For the applications tested, they found that 15 applications (30%) had an eligibility determination within the required timelines. An additional 11 applications (22%) were completed within 45 days (between 4 and 45 days) beyond the required timeline. The remaining 24 applications (48%) were overdue by more than 45 days, ranging from 61 to 315 days. **Exhibit 9** provides a detailed breakdown of the days overdue for the 50 applications sampled.

Exhibit 9 DAYS OVERDUE FOR APPLICATION TESTING Sample of 50 Applications Tested	
Days Overdue	# of Applications
0	15
1-30	5
31-45	6
46-50	0
61-90	5
91-120	8
121+	11

Source: OAG analysis of LTC applications testing.

Exhibit 10 provides a breakdown of the average days' overdue by processing location. On average, the 50 applications were **72 days overdue**. The applications were evaluated against the State requirement of 60 days for an application on the basis of a disability and the federal/State requirement of 45 days for all other applications. For the cases without an OIG referral, the 34 applications were **47 days overdue**, on average.

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Exhibit 10 APPLICATION PROCESSING DAYS OVERDUE Sample of 50 Application Tested	
Applications processed by DHS only	Average days overdue
MFO Central	78
MFO Downstate	22
MFO North	49
DHS Only Application Average	47
Applications processed by DHS and OIG	Average days overdue
DHS and OIG	125
Overall Sample Average	72
Source: OAG analysis of LTC applications testing.	

Exhibit 11 presents the timeliness results of the application processing sample. For the 50 applications sampled, it took on average **125 days** from receipt of application to disposition. In addition, of the 50 applications sampled, 16 applications were referred to the HFS OIG for an asset discovery investigation. LTC Medicaid eligibility was determined solely by a DHS LTC hub (without a referral to the HFS OIG) in 34 of the applications tested. The average days to determine eligibility (from receipt to final disposition) by Medical Field Operations was **98 days**, on average. **Exhibit 12** presents the application processing sample by LTC hub.

Exhibit 11 APPLICATION PROCESSING TIMELINESS Sample of 50 Application Tested			
	Number Tested	Average days from receipt to final disposition	
		Days at DHS	Days at HFS OIG
DHS only Application	34	98	N/A
DHS & HFS OIG applications	16	86	98
Total	50	125	
Total	50	125	

Exhibit 12 APPLICATION PROCESSING Time by HUB Sample of 34 Non-OIG Applications Tested		
Location	Number Tested	Average days from receipt to final disposition
MFO Central	10	120
MFO Downstate	13	73
MFO North	11	108
Total	34	98
Source: OAG analysis of LTC applications testing.		

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During testing, auditors found cases spent extended time at OIG for an average of 98 days. For cases with an OIG referral, they were an average of 125 days overdue. In comparison, cases without an OIG referral were 47 days overdue, on average. Additionally, when a case was referred to HFS OIG, it remained at the HFS OIG for an average of **52 days** before the OIG made a decision to accept or reject the referral.

Federal regulations require Medicaid be furnished promptly to beneficiaries without any delay caused by the agency’s administrative procedures. Federal regulations also require the timely determination of eligibility. If eligibility is not determined timely, it could require LTC and other benefits to be paid for all applications pending beyond the deadlines for eligibility determinations (whether eligible or not).

Exhibit 11 APPLICATION PROCESSING TIMELINESS Sample of 50 Application Tested			
Number Tested		Average days from receipt to final disposition	
		Days at DHS	Days at HFS OIG
DHS only Application	34	98	N/A
DHS & HFS OIG applications	16	86	98
Total	50	125	
Total	50	125	

Status of Prior Audit Recommendation Number 2

Although workshops were held in 2019 to help address timeliness issues, auditors found a significant number of applications were still pending past the required number of days during fieldwork testing. In addition, all three reports indicated applicants were not receiving their determinations of eligibility in a timely manner. Due to these testing and reporting results, this recommendation was determined to be **not implemented** during this audit period. Consequently, additional follow-up related to this recommendation should be completed again when the Public Health Emergency and related changes have ended. The changes suspended most of the previous eligibility determination requirements and were discussed in more detail in the *Changes due to the COVID-19 Public Health Emergency* section.

HFS Response: The Department of Healthcare and Family Services accepts the recommendation. The Department will continue meetings with DHS to discuss processing timeliness and staffing.

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DHS Response: The Department accepts the recommendation. The Department of Human Services (DHS) will work cooperatively with the Department of Healthcare and Family Services (HFS) to review the process of long-term care eligibility determinations and create any needed controls necessary to comply with timeliness requirements.

Since the time period covered by the audit, long-term care application backlogs are minimal. DHS Office of Long-Term Care has increased head count in their three Medical Field Operation Offices (MFO) and continues to expand their fourth MFO. The Office of Long-Term Care has also provided extra emphasis on training in both policy and procedure skills and management review of worker resource allocation.

HFS and DHS Updated Response:

HFS Policy has met with the Family & Community Services Office of Long-Term Care to review issues identified in this audit. The IES Wizard is being updated with clear steps regarding the communication process between DHS and HFS-OIG. Once completed (June 2023), this information will be communicated amongst staff and integrated into the OLTC onboarding training. The updated process steps, to ensure OIG referrals are issued timely to HFS and that verification extensions are properly executed and documented in the case record, were reviewed at the local office administrator meeting in October of 2022. Finally, LTC eligibility case accuracy reviews will incorporate focus on OIG referrals and VCL extensions.

- 2. The Department of Healthcare and Family Services, including the Office of the Inspector General, and the Department of Human services should, in order to decrease the opportunity for application processing delays, work together to implement changes to improve the process of:**
 - **Referring applications to the HFS OIG to ensure referrals are received by the HFS OIG, and**
 - **Receiving and acting upon recommendations from HFS OIG upon completion of its asset investigations.**

Findings: As part of fieldwork, the auditors selected 10 cases referred to the HFS OIG for asset discovery investigations during fiscal year 2020 (see Appendix B for additional sampling and testing information). They tested applications during fiscal year 2020 as a means to capture mainly those cases referred to the HFS OIG for asset discovery investigations after the enhancement was implemented (February 2019) but prior to the Public Health Emergency.

In addition to the 10 OIG cases sampled to follow up on the prior audit recommendation, other cases that were referred to the OIG were also in their sample. Therefore, auditors reviewed a total of **16 cases** referred to the OIG for investigation during fieldwork testing.

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DHS worked on these applications from **0** days to **161** days before referring them to the HFS OIG. For the 16 HFS OIG applications in their sample, the average number of days from receipt of application to referral to HFS OIG was **60** days.

The auditors found the 16 applications in the sample involving an asset discovery referral were **overdue by 125 days**, on average, in fiscal year 2020. Auditors found that the delay was not solely due to the time the application was being worked at the HFS OIG. They found that once an investigation was concluded, or the referral was rejected/withdrawn, DHS implemented the recommendation between 0 and 223 days, with 10 of the 16 (**63%**) recommendations being implemented in 5 days or less.

Auditors determined six cases reviewed were classified as “rejected.” Of these six cases considered “rejected,” three were canceled or withdrawn due to the Public Health Emergency. As a result, the status of “rejected” may be miscategorized for these cases.

In addition, multiple issues were identified for these HFS OIG cases during the auditor’s review. These issues included timeliness issues, incorrect information in IES, issues related to COVID-19, and a lack of controls in IES. More specifically, they identified the following:

- All 16 of the HFS OIG cases reviewed (**100%**) were not completed in a timely manner, ranging from **37** to **260** days overdue. The time spent at the HFS OIG for these cases ranged from **47** to **182** days.
- In addition, the OIG referral date in IES was incorrect for 4 of the 16 cases (**25%**).
- For at least 5 of the 16 HFS OIG cases (**31%**), COVID-19 was referenced during the HFS OIG review – including referrals being withdrawn due to COVID-19.
- Finally, for the 15 HFS OIG cases where supporting screenshots were provided (screenshots were not provided for one case), all 15 (**100%**) indicated a lack of IES controls. More specifically, according to DHS officials, *“Note that the field for the ‘Has the OIG Referral been initiated’ question states ‘No’ – which appears to be an error on IES’s part, as IES should not accept dates for referral unless the question is marked ‘Yes.’”* However, these HFS OIG cases did not contain a “yes” answer for this question and yet referral dates were still allowed to be entered in IES.

In addition, although the February 2019 system enhancement allowed the HFS OIG to receive notifications from DHS through IES, the documentation provided during testing also included emails for this communication. According to the HFS OIG, email notifications were requested from DHS caseworkers after referral transmission to ensure all referrals were received in a timely manner.

Therefore, although referrals were provided and/or appeared as a task in IES, follow-up emails were also being sent during the COVID-19 Public Health Emergency. As a result of the Public Health Emergency, there was a procedure change to approve applications before an asset review referral. Therefore, it has been necessary to send notifications for cases for asset review via email until the Public Health Emergency ends.

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Finally, for four of the HFS OIG investigation cases reviewed, auditors noticed that the date in IES did not always match the OIG recommendation date in the supporting documentation. These dates did not match by approximately two to seven days. According to the HFS OIG, there is often a delay between the recommendation date of the OIG's analyst and the submission date to DHS. Before the analyst's recommendation is final and sent to DHS, the recommendation is reviewed by a supervisor. This review can take a few days before the information is entered into IES. In 2020, when the HFS OIG used alternating schedules during COVID-19, the review time may have taken longer.

Status of Prior Audit Recommendation Number 3

The status of this recommendation was determined to be partially implemented. DHS and HFS noted that an IES system enhancement was established to address the processing delays related to OIG asset investigations. However, during the testing of FY20 cases, they found the cases with OIG investigations were still an average of 125 days overdue. Processing delays associated with applications referred to the HFS OIG could delay the determination of eligibility. In addition, multiple other issues were identified for these HFS OIG cases during their review. These issues included incorrect information in IES and a lack of controls in IES.

Although the OIG continued to perform investigations on the cases referred, recommendations prepared for these investigations were not to be sent to DHS for implementation until the end of the COVID-19 Public Health Emergency.

Therefore, the status of these investigations is pending and implementation is postponed at this time. Several HFS OIG cases also referenced cases being withdrawn due to COVID-19 during this review. Therefore, additional follow up related to this recommendation and relevant testing should be completed again when the Public Health Emergency has ended.

HFS Response: The Department of Healthcare and Family Services accepts the recommendation. OIG will continue to work in IES to ensure a proper and efficient case flow between DHS and OIG. OIG will continue to resolve any problems with the referral queue and IES and will report system problems if necessary.

DHS Response: The Department accepts the recommendation. The Department of Human Services (DHS) will review and work cooperatively with the Department of Healthcare and Family Services (HFS) and the HFS OIG on changes to improve (i) the current referral process maintained between the Department of Healthcare and Family Services (HFS) and DHS to ensure completion of the process steps for referral and (ii) the current process for receiving and acting upon recommendations from the HFS OIG upon the HFS OIG's completion of its asset investigations.

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Updated HFS and DHS Updated Response:

Same update as recommendation #1. Timeliness of eligibility determinations and processing delays are being addressed.

- 3. The Department of Healthcare and Family Services, including the Office of the Inspector General, and the Department of Human Services should ensure extensions are tracked so processing times can be tolled, as required by the Illinois Public Aid Code, for extension days granted (prior to Public Act 100-665, 305 ILCS 5/11-5.4(e)(8) & 305 ILCS 5/11-5.4(e)(9)(B); following, 305 ILCS 5/11-5.4(e) and 305 ILCS 5/11-5.4(f)(B)). Specifically, the Departments should ensure:**
 - **Extensions are captured in a usable manner;**
 - **Extensions are captured accurately; and**
 - **Only the allowable number of extensions are granted per application.**

Findings: To follow up on the prior audit recommendation, the auditors included a sample of 10 extension cases in the auditors' sample of 50 cases reviewed from IES during fieldwork.

Three additional extension cases were included in the other sampled cases for a total of 13 extension cases reviewed. In total, 22 extensions were granted for the 13 applications reviewed.

The auditors tested these cases to ensure only two extensions were granted for each case and that the extensions were only granted for 30 days each, as required. Auditors also looked at the accuracy of the extension data provided by comparing the extension data from IES with the documentation and/or support provided by DHS. For the extension cases reviewed, auditors found ten cases (77%) with inaccurate IES data, a lack of extension information in IES, or cases with more than two extensions. The auditors also found that eight cases with extensions (62%) were not completed in a timely manner.

Although the Statute only allows for two extensions per application and a maximum of 30 days per extension, they found exceptions to this during testing. For example, one case had extensions granted more than two times. If caseworkers are allowed to enter a number and/or length of extensions greater than the required amount allowed, there is a lack of controls in IES.

According to HFS officials, HFS became aware that a defect was found with the extension tracker during the audit. The extension tracker was not consistently applying the number of extensions and allowable number of extension days provided may be incorrect. As a result, a defect was logged for this issue.

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When extensions are not tracked adequately, it is difficult to ensure that DHS and HFS are limiting applications to two allowable extensions for 30 or 60 days.

Status of Prior Audit Recommendation Number 4

Although HFS noted that a system enhancement was implemented in IES to address this prior audit recommendation, the testing results showed the enhancement was not effective. There were still applications with more than two extensions and inaccurate data in IES.

In addition, during the audit, HFS discovered a defect that affected the accuracy of the data in IES. Therefore, the status of this recommendation was determined to be **not implemented**.

HFS Response: The Department of Healthcare and Family Services accepts the recommendation. OIG will continue to work in IES to ensure a proper and efficient tracking of extensions. OIG will continue to resolve any problems with the IES extension tracking and will report system problems if necessary.

DHS Response: The Department accepts the recommendation. The Department of Human Services (DHS) will work in cooperation with the Department of Healthcare and Family Services (HFS) in reviewing the current functionality of extension tracking in IES and implement any training needed based on both current and future functionality.

Updated HFS and DHS Response:

The ability to track requested extensions for verifications was implemented into IES (Integrated Eligibility System) 04/2019. Code changes were made so that users can view a history of extensions granted for VCL items. IES will also automatically calculate the appropriate due date per policy. When a user performs a verification extension, IES will systematically calculate the extended due date based on the verification type and displays the extended details under verification checklist due date extension history. The system allows the appropriate number of extensions - two 30-day extensions for asset requests when determining LTC services.

- 4. The Department of Healthcare and Family Services and the Department of Human Services should ensure monthly reports contain all elements required by Section 11-5.4(e)(9) of the Illinois Public Aid Code (prior to Public Act 100-665, 305 ILCS 5/11-5.4(e)(9); following, 305 ILCS 5/11-5.4(f)).**

Findings: HFS and DHS are posting the LTC reports on a monthly basis as required by the Illinois Public Aid Code. These reports are required to be posted on “each Department’s website for the purposes of monitoring LTC eligibility processing” (prior to Public Act 100-665, 305 ILCS 5/11-5.4(e)(9); following, 305 ILCS 5/11- 5.4(f)).

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During the prior audit, HFS and DHS did not post all LTC reports as required by the Illinois Public Aid Code on a monthly basis. The prior audit found the LTC monthly reports were created by HFS and posted somewhat regularly to HFS' website; however, these reports were not posted to DHS' website as required by the Illinois Public Aid Code.

According to DHS, in August 2019, a link was added on its website linking to the HFS webpage where the LTC monthly report is posted. The auditors confirmed this link on the DHS website was present and the link connected to the HFS webpage, as noted by DHS. The auditors also confirmed the link was still active.

Review of CY20 LTC Monthly Reports

The auditors requested documentation to support the posting of all monthly reports for calendar year 2020 (January to December 2020) from HFS. HFS provided both a web request confirmation email and a website posting approval form for 10 of the 12 months requested in CY20 (**83%**). The two months missing documentation were only missing a web request confirmation email (May 2020 and July 2020).

According to HFS, the reason for the two missing documents was due to the retirement of the employee responsible for them. In addition, a website posting approval form was provided for 12 of the 12 months requested (**100%**).

Therefore, auditors determined HFS was in compliance with the Illinois Public Aid Code's monthly report posting requirement during this review of CY20.

Status of Prior Audit Recommendation Number 5

DHS added a link to the HFS webpage and HFS provided support for all postings of LTC monthly reports in calendar year 2020. Therefore, this recommendation was determined to be **implemented** during the audit period.

According to the prior audit, the LTC monthly reports did not contain all elements as required by statute. The auditors followed up with HFS and reviewed the LTC monthly reports for these elements during this audit period. According to HFS, extensions began being tracked in IES during this audit period in April 2019. During their review of the monthly reports, they found the reports did contain some additional required elements that were missing during the prior audit but other required elements were still not included.

LTC Monthly Report Requirements

The monthly reports are required to include the percentage of applications pending which are being tolled, or paused, due to requests for extension of time for additional information (305 ILCS 5/11-5.4(f)(B)). The previous audit found that the extensions

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information was not included in the reports because HFS reported issues with how extensions were tracked. The auditors reviewed the 36 monthly reports for calendar years 2018 to 2020, and all **36 (100%)** did not contain information on extensions.

In addition, the monthly reports are required to include information not only on the length of time applications are pending, but also the length of time redeterminations and appeals are pending (305 ILCS 5/11-5.4(f)(A)). The previous audit found that some monthly reports did not include this information. The monthly reports are also required to include information on the status of pending applications, denials, appeals, and redeterminations (305 ILCS 5/11- 5.4(f)(C)). The reports for calendar years 2018 through 2020 contained this information, with the exception of one month (September 2018).

Finally, the monthly reports are required to include the percentage of pending applications and redeterminations by location, i.e., DHS Family Community Resource Center, DHS LTC hub, or HFS OIG (305 ILCS 5/11-5.4(f)(B)). The previous audit found that the location breakdown was provided for the application data, but not for redeterminations. In March 2019 the monthly reports started to contain the location breakdown for redeterminations and the percentages for applications. However, the monthly reports only provide the **number** of redeterminations pending by location, not the **percentages** as required by statute. Also, the reports did not contain that information for part of the audit period.

Status of Prior Audit Recommendation Number 6

Although HFS was providing more information in the LTC monthly reports as required by 305 ILCS 5/11-5.4(f), there were some remaining issues with the completeness of the reports. Therefore, the status of this recommendation was determined to be **partially implemented**. If LTC monthly reports do not contain all required elements, the usefulness and transparency of the report continues to be diminished, which impacts the public's ability to monitor LTC eligibility processing.

HFS Response: The Department of Healthcare and Family Services accepts the recommendation. Data fields that have not been captured and reported previously have been logged as change requests for IES.

DHS Response: The Department accepts the recommendation. The Department of Human Services (DHS) will work cooperatively with the Department of Healthcare and Family Services (HFS) to ensure that all required items are contained in the long-term care monthly reports maintained by HFS.

Updated HFS and DHS Response:

Defect 279747 was logged to fix an issue with the extension tracker in IES found during the audit. Once the issue is resolved, HFS BLTC will work with HFS BEI on coding to determine the number of applications with extensions and update the report to include

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this information. The report has been updated to include the percentage of redeterminations pending by location as of the February 2023 report.

5. The Department of Healthcare and Family Services and the Department of Human Services should develop controls to ensure monthly reports required by Section 11-5.4 (e)(9) of the Illinois Public Aid code are accurate (Prior to Public act 100-665, 305 ILCS 5/11-5.4 (e)(9); following, 305 ILCS 5/11-5.4(f)).

Findings: The auditors compared the data provided by HFS to the monthly reports, internal weekly reports, and reports prepared for the federal Centers for Medicare and Medicaid Services. Auditors were unable to determine the accuracy of the data for the various reports due to the numbers not matching between any of the reports.

In April 2020 the number of applications approved had a low of 3,045 and a high of 3,966. None of the reports or data matched for any of the months reviewed. The auditors also attempted to compare the number of pending applications in the monthly reports to the internal weekly reports. As with the number of applications approved by month, the numbers did not match between reports and the data provided. There were four dates where a comparison was able to be completed between the monthly and weekly reports, none of the report numbers match the applications data provided by HFS.

Because the numbers presented in the LTC monthly report did not match the other two reports or the LTC applications data provided by HFS, auditors were unable to confirm the accuracy of the applications tables in the LTC monthly reports.

Redeterminations Data

The auditors requested LTC data on the total number of redeterminations completed for calendar years 2018 through 2020 at the beginning of the audit. According to HFS, the following redeterminations were completed during the audit period:

- **59,070** redeterminations were completed during CY18.
- **49,303** redeterminations were completed during CY19.
- **38,160** redeterminations were completed during CY20.

In addition, one table in the LTC monthly reports summarizes the timeliness of pending redeterminations. According to the monthly reports provided on the number of pending redeterminations at the end of each calendar year, there were **22,646** in **2018**, **23,400** in **2019**, and **2,192** in **2020**.

Therefore, the number of redeterminations completed decreased by **35 percent** from CY18 to CY20. In addition, the number of pending redeterminations decreased by **90 percent** from CY18 to CY20. However, redeterminations were affected by the COVID-

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19 emergency rules, which became effective April 2020. Additionally, Public Act 101-649 allowed the State to take necessary actions to address the COVID-19 Public Health Emergency and those actions included suspending redeterminations.

Redeterminations Data in LTC Monthly Reports

The redeterminations data in the LTC monthly reports contained multiple issues. **Exhibit 17** summarizes the issues with the redeterminations data. HFS provided the monthly data used to create the redeterminations table in the monthly reports

Exhibit 17 REDETERMINATIONS DATA SUMMARY (% With Issues) Calendar Years 2018 through 2020				
Issue	2018	2019	2020	Total
Future Pending Dates in Report Table	11 of 11 (100%)	1 of 12 (8%)	0 of 12 (0%)	12 of 35 (34%)
Category Breakdown				
Did Not Match	10 of 11 (91%)	0 of 12 (0%)	0 of 12 (0%)	10 of 35 (17%)
Overall Numbers Did	1 of 11 (9%)	1 of 12 (8%)	4 of 12 (33%)	6 of 35 (17%)
Case Numbers and Individuals with Multiple Entries	10 of 10 (100%)	12 of 12 (100%)	2 of 12 (100%)	34 of 34 (100%)
Note: The January 2018 data was not presented in the same format as the other months and a determination could not be made on any multiple case numbers or individuals. In addition, the September 2018 data was not provided by HFS.				
Source: OAG analysis of LTC applications testing.				

HFS Response: The Department of Healthcare and Family Services accepts the recommendation. The Department started using the Integrated Eligibility System as the source for LTC application data in October 2018 to provide accurate application data on the LTC monthly report.

DHS Response: The Department accepts the recommendation. The Department of Human Services (DHS) will work cooperatively with the Department of Healthcare and Family Services (HFS) to ensure that all required items are accurate in the long-term care monthly reports maintained by HFS.

Updated HFS and DHS Response:

The application and redetermination counts do not contain duplicate case numbers as of the February 2023 report.