

Washington State Uses PARIS to Achieve Substantial Savings Veteran Benefit Enhancement Project

The Veteran's (VA) Benefit Enhancement Project is the result of a partnership between the Washington Department of Social and Health Services (DSHS) and the Washington Department of Veterans Affairs (WDVA). Together, the partnership identifies and facilitates veterans and their dependents, who are receiving state social and health services, to access the maximum federal benefits for which they are eligible. The project has facilitated increased benefits for over 7000 Medicaid clients. This has saved DSHS millions of dollars in combined Washington State General Funds and federal funding. The project was the recipient of the prestigious 2004 Washington State Governor's Award.

The DSHS VA Benefit Enhancement Project uses Department of Defense and Veteran's Administration data from the Public Assistance Reporting Information System (PARIS) to identify DSHS clients who are veterans and who may qualify for federal benefits. The DSHS Veteran Project team refers clients who may be eligible for VA benefits or potentially eligible for increased VA entitlements to the WDVA. The WDVA team reviews the referred DSHS clients to determine the possible eligibility for an initial benefit claim and for eligibility of an increase in their current monthly entitlement.

The initial target is the Medicaid population receiving long term care related services. Washington's Medicaid nursing facility (NF) population is approximately 17,000; it has approximately 26,000 individuals in its community-based waiver program for the aged and disabled. **These Medicaid clients are subject to estate recovery for all of their Medicaid long term care related services.** Additionally, the WDVA recently released data that suggested that 50% of all males 65 years of age and older are veterans.

The Washington Veteran Benefit Enhancement Project consists of five principal components:

- **Veteran Benefit Entitlement Enhancement**

When a potential benefit increase, identified utilizing PARIS match data, appears warranted, a "Veteran Referral" is completed and sent to the WDVA. The WDVA initiates the process of increasing the entitlements. For the majority of these clients, the WDVA acts in the legal capacity of Client Representative. This authorizes WDVA staff to represent the claimant throughout the VA Adjudication process. Enhancements are developed and processed more expeditiously in this manner. Areas of monetary enhancement include:

- **Aid and Attendance Benefit** – Increased monthly monetary enhancement for veterans and certain spouses that are in need of a third party to care for them. This is a monthly monetary increase in benefits ranging from \$659 to \$964 per month;
- **\$90 Non-Nursing Home Payments** – Veterans monthly benefits are reduced to \$90 per month upon being placed in a nursing home. Upon discharge to their home or an assisted living type facility, they are to be reinstated to their usual monthly entitlement. The project identifies those no longer in a NH and are incorrectly continuing to receive the \$90 NH payment;
- **Cases identified by PARIS as receiving 0 monthly benefit** and the change reason is the lack of a yearly review being submitted. The project facilitates the review completion and being sent to the VA for reinstatement, if still financially eligible;
- **PARIS identified Vietnam veterans that may be eligible for "Agent Orange Settlement Benefits"** that qualified veterans may be determined 100% service connected disabled;

- **Veterans with a lower service connected disability rating**, whose condition may have worsened, warranting a review and potential increase to their disability %;

The project has facilitated increased monetary enhancement for close to 1600 veterans and dependents;

After a review of state and federal regulations, the State determined that the clients' outpatient prescription drug services were the responsibility of the VA.¹ In May 2002, the State stopped paying prescription drug claims for 200 Medicaid clients living in two veteran nursing facilities. Coverage of these 200 clients by the VA reduced Medicaid pharmacy costs by approximately \$1 million dollars. Enrollment and delivery of VA medications can be processed by mail and does not affect access to care. In 2004, Washington adopted a similar policy that requested exceptions to Rx dispensation methods for veterans eligible to receive VA prescription drugs through the state's home and community-based waived program. The project has enrolled over 2700 veterans into the VA Healthcare System;

- **70-100 Percent Service Connected Disability**

The State learned that any veteran requiring treatment or services, with a service connected disability that was 70 percent or higher, were eligible for total VA health coverage and could thus be removed from the Medicaid rolls. This results in average annual savings of \$24,000 per client. The project has facilitated total VA coverage for over 30 long term care Medicaid recipients;

- **VA-Related Third Party Coverage**

The State also discovered that a number of long-term care veterans and their dependents were either already enrolled in VA-related insurance coverage groups (i.e. CHAMPVA and TRICARE)², or the clients were eligible, but had not applied. In the former case, Washington was able to recoup the charges expended. The state subsequently enrolled the new eligibles. The project has enrolled over 2,900 Medicaid clients. Washington estimates that 15 percent of all Medicaid veterans are eligible for military related third party coverage;

- **Targeted Identification of Veterans**

Washington has developed an interface between its Medicaid client database and the Public Assistance Reporting Information System (PARIS). This interface allows Washington to automatically update its client records regarding eligibility and pay information for veterans, spouses and dependents; eligibility for other federal benefits (e.g. TRICARE and CHAMPVA); and duplicate enrollment in other PARIS states' public assistance programs.

Additionally, the project utilizes the PARIS Interstate Match to identify and terminate children related medical cases that are actually active in another PARIS reporting state. The project team found that 46% of the PARIS Interstate Matches need action taken. Of those, 53% are children related medical cases that have an average of five months remaining on a one year certification period.

Project Objectives

The Project has several objectives designed to increase knowledge about, access to and enrollment in federal benefits coverage for eligible veterans currently using state social and health services:

- Improve outreach to the general public regarding veteran's benefits; educate veterans and dependents about the availability and eligibility requirements for veterans and military related benefits;
- Improve data sharing between agencies who have common objectives and who share similar client caseloads;

- Determine the need of educating DSHS field staff about the multitude of benefits available to certain veteran population groups (veterans with service connected disabilities and those eligible for and not receiving Aid and Attendance or Housebound benefits);
- Streamline the identification and communication of federal benefits for veterans who are currently receiving state social and health services;
- Connect veterans who are receiving social and health services, to richer federal benefits to minimize the impact of estate recovery for veterans who qualify for federal medical and health care coverage.

Here are the monetary savings, attributed to the areas listed above, by fiscal year (FY):

FY06 - \$3,015,914

FY07 - \$3,296,187

FY08 - \$3,815,530

FY09 - \$4,856,885

FY10 - \$4,389,603

Here are a few recent stories on the project:

[Moving Vets Off Medicaid and Onto VA](#)

[States try to link up vets with federal government benefits](#)

[Project to Get Veterans VA Benefits Expands Access, Saves Millions of State Medicaid Dollars](#)