

Department of Family Services

LOB #120:

FINANCIAL AND MEDICAL ASSISTANCE

Purpose

The primary purpose of this LOB is to be in compliance with federal and state requirements, but equally important; all of the programs in this LOB are offered to prevent thousands of economically disadvantaged County residents from falling deeper into poverty.

Description

This LOB is comprised of 13 discrete financial and medical assistance programs operated by the Self-Sufficiency Division of the Department of Family Services (DFS). The programs are, for the most part, federal/state mandated services as well as federal entitlement programs (e.g., Medicaid, SNAP). Most of the state/federal programs in this LOB have been operational since the 1960's, and the local programs for 25 years or more. Most services (except for the Non-DFS Program for Rent Relief, which is operated by the Department of Tax Administration) are delivered through an integrated one-stop approach by DFS staff. For programs required by state regulations to be provided by the local social services department, DFS staff determines clients' initial and ongoing eligibility for services. Once customers are approved for benefits, the state issues the payment directly to the recipient or to the provider of the services. County staff performing these functions are primarily located at DFS' main regional offices: Reston, Fairfax, Alexandria and Annandale.

DFS staff is also co-located at three Health Department locations to screen, receive and process applications for Medicaid for those who may be eligible for that program, as well as to perform initial intake and ongoing eligibility redeterminations for clients of the Health Department's Community Health Care Network (CHCN) program, and at INOVA Fairfax Hospital to provide immediate access to Medicaid to eligible patients. The positions collocated at INOVA to assist patients with their Medicaid applications, although this is part of DFS' mandated work, are 100 percent funded by INOVA Hospital (refer to Attachment G for Inova health System grant).

DFS offices are open Monday through Friday from 8 a.m. to 4:30 p.m. In calendar year 2015, the Division expects to receive approximately 192,000 total client visits at its four main offices (Alexandria, Annandale, Fairfax and Reston). Although most transactions can be done online, mail, or by phone, clients still come to the offices to apply /renew their financial and medical assistance benefits, to drop off documents, to ask questions, or to meet with their case manager.

Applications for services are received either in each of the four offices, if they are being delivered by the applicant in person, or at a central location, if submitted by mail, fax, or online. Secured document drop off boxes are also available outside the buildings for customers' convenience, especially for documents being delivered after hours. With the exception of Medicaid, these programs require a face-to-face or a telephone interview between the customer and the case manager before benefits may be authorized. Telephonic interpretation services are often used to communicate with non-English speaking customers. Funding for the actual benefits to the clients are, for the most part, not reflected in DFS' budget as payments for these services are issued by the state directly to the customer or to the provider of the services (e.g., direct payment of medical services). In FY 2014, client benefit spending, not reflected in DFS budget, exceeded \$605 M. from federal and state funds.

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Fully Mandated Programs

- Medical Assistance (Medicaid)

This federal/state financed program provides medical care for specified persons. Eligibility for Medicaid is determined by the local department of social services according to criteria established by the state's Department of Medical Assistance Services (DMAS). Applications for Medicaid can be submitted in person, online, or by fax and these are processed by County staff. The Virginia Department of Medical Assistance (DMAS) makes direct payments to health care service providers on behalf of eligible individuals and families. The Medicaid program pays for a variety of medical services, including prescription drugs, doctor visits, nursing facility care and hospital care. Eligible populations include: low income children under age 19, recipients of Supplemental Security Income (SSI), aged, blind and disabled individuals and certain Medicare Part A recipients, Auxiliary Grants recipients, and other medically needy people such as pregnant women. Limited medical coverage is also available to categorically and income eligible, non-resident aliens who have had a medical emergency. The average monthly number of individuals served in FY 2015 was 58,003.
- Family Access to Medical Insurance (FAMIS)

FAMIS is the federal/state program that provides comprehensive low-cost health insurance for children under 19 years of age, and pregnant women in low-income families that earn too much to be eligible for Medicaid, but who cannot afford private health insurance. The average monthly number of individuals served in FY 2015 was 8,706.
- Supplemental Nutrition Assistance Program (SNAP)

This federal program supplements the food budgets of low income households to help provide needy families and individuals nutritionally adequate diet. Eligibility is determined by financial need, household size and non-financial criteria such as student status, alien status, and work registration. The benefits are issued and redeemed by the use of an Electronic Benefit Transfer (EBT) debit card issued by the VDSS. The average number of monthly households served in FY 2015 was 24,031.
- Temporary Assistance for Needy Families (TANF)

Provides temporary financial assistance to families with children who have financial needs. The TANF program initiative has time-limited benefits for certain households and a strong work requirement for parents able to work. The family receives a modest monthly cash payment to meet basic needs while participating in the program.

The average monthly households served in FY 2015 was 1,144.
- Aid to Families with Dependent Children – Title IV-E Foster Care Cash Program

Determines the initial and on-going eligibility for children in foster care. The payments provide for the care and maintenance of children in the care of the agency. The average monthly recipients served in FY 2015 was 80 children.
- Auxiliary Grant

Helps supplement the incomes of recipients of Supplemental Security Income (SSI) and other aged, blind or disabled individuals residing in a licensed assisted living facility (ALF) or an approved adult foster care (AFC) home. The funding for this mandated program is 80 percent state and 20 percent local. The average monthly recipients served in FY 2015 was 85.
- Low-income Home Energy Assistance Program (LIHEAP)

Eligible low income households receive federal assistance with their home heating & cooling bills. Faulty or hazardous heating systems may also be repaired in households eligible for energy assistance. The program consists of three seasonal components: Energy Assistance (EA) – offsets home heating cost; Crisis Assistance – assists households with energy-related, weather –related or supply shortage emergencies that cannot be met by EA or other resources. Cooling Assistance – offsets the cost of cooling a home for those who are disabled and meet certain income guidelines. The number of households served in FY 2015 was 2,548.

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- **Refugee Resettlement Program (RRP) and Refugee Medicaid**

The populations eligible for refugee resettlement services are refugees, asylees, Cuban/Haitian entrants, unaccompanied refugee minors, and victims of human trafficking. RRP provides a modest amount of financial assistance in the form of a monthly grant to needy refugees/entrants for a limited length of time (up to 8 months from their date of entry into the USA) to assist in their economic and social adjustment. This is a 100 federally reimbursed program. The average monthly number of recipients in FY 2015 was 100.

- **Repatriate Assistance Program**

Provides financial loans for a maximum of 90 days to repatriated United States of America citizens, who are without income or resources to return to the USA. These repatriates are referred to the agency from the U.S. Department of State. A repatriate is a person returned or been brought from a foreign country to the U.S. due to poverty, illness, war or the threat of war, and the person does not have immediate access to available resources to meet their needs. The federal government reimburses the County for all expenses incurred and the client repays the loan directly to the federal government. Typically DFS assists an average of 5 repatriate households per year. Some may be individuals or a family group. However, in the case of war or military conflict, as in the case of the Gulf War in 1991, the number of repatriates may be as high as 3,000 individuals per episode.

- **Fraud Free Program**

Seeks the recovery of overpayments from financial assistance programs resulting from intentional program violations, inappropriate EBT transactions and trafficking, or agency error in the public assistance programs, primarily SNAP, TANF, Medicaid and the Child Care Assistance Program. Suspected cases of Medicaid only fraud, when the investigation is not connected with the receipt of other benefits (e.g., TANF, SNAP), are referred to the Virginia Department of Medical Assistance for handling. The program also prevents potential recipients from obtaining benefits through the use of fraudulent acts by providing 'up front' investigations. The total number of Referrals received for FY 2015 was 1,096; amount collected in FY 2015 was \$358,513 and total claims established in FY 2015 was \$523,126.

- **Rent Relief (RR) for the Low-Income Elderly and the Disabled**

This program was established by the Board of Supervisors in the 1970's to provide rent relief for low-income seniors and/or disabled County residents. Eligible individuals may receive one payment a year up to a maximum rent payment of \$575. This program is operated and administered by the Fairfax County Department of Tax Administration, which determines eligibility and accepts rent relief applications, but the budget in DFS. In calendar year 2014, 514 applicants were approved for a RR payment.

Not Mandated Programs

- **Medical Care for Children Partnership (MCCP)**

This is a private/public partnership to provide access to primary, specialty, oral and behavioral health care to children through the age of 18 who are not eligible for any of the federal/state programs (Medicaid, FAMIS or the Affordable Care Act). In partnership with Kaiser Permanente, a non-profit health plan, who provides free care to an average of 2,200 children per month; several private primary and oral health care providers who also provide free or reduced cost services for children; the Medical Care for Children Partnership Foundation, the fundraising arm of the program; Fairfax County Government, who contributes to \$250,000 year to MCCP as a contributory agency, and the Department of Family Services, who administers and partially funds the administrative cost of this program. MCCP serves approximately 2,600 uninsured children per month.

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- **General Relief (GR)**

There are two parts to the GR program. One is an optional state/local funded program, called *GR Unattached Child*, offered by the County, which provides cash assistance of up to \$220 per month to children in need of financial support who are not eligible for programs such as Social Security or Temporary Assistance for Needy Families (TANF). The funding is 62.5 percent state and 37.5 percent local. The program serves an average of 25 children per month.

The other part of this program is the DFS' GR for Disabled Adults. The optional state/local GR program used to serve children as well as disabled adults. The Virginia Department of Social Services, as part of one of their budget cuts, eliminated funding for adults in 2011. That same year, Fairfax County chose to continue covering the adult population with local-only funds as part of its homeless prevention effort.

The DFS' GR program for disabled adults provides financial assistance to low income Fairfax County adult residents not eligible for Social Security Retirement or Disability benefits, and who are unable to provide for themselves due to a temporary or permanent disability that prevents them from working. The program serves temporarily disabled individuals, individuals in institutional care (limited to the Fairfax-Falls Church Community Services Board [CSB] Alcohol and Drug Residential Treatment Centers residents), and Interim Assistance (permanently disabled individuals applying for Supplemental Security Income (SSI) through the Social Security Administration). It should be noted that Interim Assistance recipients are required to apply for SSI as a condition of receiving local GR assistance, and if found eligible, the GR benefits they received from DFS while waiting for their SSI eligibility determination are reimbursed to the agency directly by SSA at an average of over \$100,000 per year. Therefore, part of the cost of the local GR program is offset by federal SSI funds. An average of 372 adults per month receive local GR.

Benefits

Services are provided to comply with state/federal mandates or County regulation, and (in the case of the 2 optional programs) to support County's core purpose to maintain healthy economies by helping individuals meet their needs and having access to economic opportunities. The services under this LOB prevent thousands of economically disadvantaged County residents from falling deeper into poverty.

Values to the community:

- To be in compliance with Virginia Code §§ 63.2-333; 63.2-501. Ten out of the 12 services in this LOB are federally/state mandated
- To be in compliance with Fairfax County Code, Chapter 4, ARTICLE 15 (local Rent Relief)
- To maintaining "Safe and caring Communities", in line with the County's Vision Elements
- To support County's core purpose to maintain healthy economies by helping individuals meet their needs and having access to economic opportunities

Financial and medical assistance recipients, as well as the general community, both benefit economically from the Federal dollars brought to the County through participation in these programs.

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Mandates

Eleven out of the thirteen services in this LOB are mandated by the federal, state, or Fairfax County governments. Only two programs, MCCP and GR, are optional programs.

Source of mandate/Code Citation:

Virginia Code § 63.2-400 Local appropriation; Virginia Code § 63.2-401 Reimbursement of localities by the Commonwealth; Virginia Code § 63.2-501. Application for Assistance; Virginia Code § 63.2-405. Provisions for determination of eligibility for medical care and medical assistance; provision of social services; regulations; Virginia Code § 63.2-600. Temporary Assistance for Needy Families (TANF); purpose; administration; Virginia Code § 51.5-160. Auxiliary grants program; administration of program; Virginia Code § 63.2-801 Food Stamp Program; Virginia Code § 63.2-805.B.1 Low Income Home Energy Assistance Program; Virginia Code § 63.2-526. Statewide fraud control program; Virginia Code § 32.1-351. Family Access to Medical Insurance Security; Social Security Act, Title XI, Section 1113 and Public Law 86-571. Fairfax County Code, Chapter 4, Article 15. - Rent Relief for the Low-Income Elderly and the Disabled

Source of Optional Programs/Code Citation:

Virginia Code § 63.2-802. Eligibility for General Relief
Virginia Code § 63.2-314. Funds received from public or private sources; authority of local governing bodies to make grants; authority of local boards to establish regulations and fees for court ordered services (applicable to MCCP and Rent Relief)

Trends and Challenges

Trends

- Increase in population; as of the 2010 census, the population was 1,081,726. In 2014, the population was estimated to be 1,118,883;
- Projected increase in older population;
- Increase in older adults who have moved here from other countries;
- Six percent or approximately 70,000 residents live below the poverty level (US Census Bureau. Small Area Income and Poverty Estimates for 2013);
- Changes in demographics;
- The number of persons speaking a language other than English continues to rise; 46 percent of County's population consisted of ethnic minorities (in 2012);
- Better access to services (24/7 online access to services since 2012);
- Passage of the Affordable Care Act (ACA), which requires people to apply for health insurance, thus increasing the number of people who had postponed the decision to apply for services
- Improved community outreach services ;
- 84 percent increase in caseloads from FY 2008 to FY 2015;
- Increase in FTEs since FY 2015 in response to increase in workload; and
- Higher staff turnover rates. According to the Bureau of Labor Statistics, the average worker will stay in a job for an average of 4.4 years, with millennials (those born between 1980s to early 2000s) staying for only half of that time. In jobs that require a high upfront investment of training, this makes it difficult to maintain a knowledgeable staff with the experience to handle an increasing and complex workload and meet federal/state performance mandates of timeliness and quality.

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Challenges

- The programs administered by the DFS, Financial and Medical Assistance Services, are for the most part mandated and non-capitated. All people applying for services must have their eligibility determined correctly and within federally mandated timeframes one hundred percent of the time. Programs are complex and the needs of the population served as often complex and multiple. Fairfax County's population has grown steadily older and more diverse. The number of persons speaking a language other than English continues to rise as 46 percent of County's population consisted of ethnic minorities (in 2012). The population's age and minority distribution greatly impacts the demands and costs of providing local government services. The passage of the Affordable Care Act (ACA) in 2013 placed a tremendous burden on the department's system which was still reeling from the caseload increases since 2008. ACA almost immediately doubled the number of people applying for Medicaid even though Virginia has yet to expand Medicaid coverage to low-income adults.
- Program performance is expected to improve in FY 2016 as the Department continues to adjust to these challenges and deploys the additional positions received from the County in the last two fiscal years to address timeliness and quality of services issues.

Resources

Category	FY 2014 Actual	FY 2015 Actual	FY 2016 Adopted
LOB #120: Financial and Medical Assistance			
FUNDING			
<u>Expenditures:</u>			
Compensation	\$16,414,089	\$18,634,536	\$20,060,987
Operating Expenses	4,397,967	4,493,841	4,337,659
Total Expenditures	\$20,812,056	\$23,128,377	\$24,398,646
General Fund Revenue	\$19,944,695	\$22,437,762	\$20,607,444
Net Cost/(Savings) to General Fund	\$867,361	\$690,615	\$3,791,202
POSITIONS			
Authorized Positions/Full-Time Equivalents (FTEs)			
<u>Positions:</u>			
Regular	293 / 293	297 / 297	317 / 317
Total Positions	293 / 293	297 / 297	317 / 317

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Metrics

Metric Indicator	FY 2013 Actual	FY 2014 Actual	FY 2015 Actual	FY 2016 Estimate	FY 2017 Estimate
Number of Medicaid applications received	22,161	30,989	35,677	36,391	37,118
Percent of Medicaid applications completed within state-mandated timeframes	94.1%	63.4%	70.7%	88%	97%
Number of SNAP applications received	18,725	18,104	21,166	21,589	22,021
Percent of SNAP applications completed within state-mandated timeframes	98.3%	92.9%	88.4%	97%	97%
Percent of TANF applications completed within state mandated timeframes	98.0%	90.0%	86.1%	97%	97%

Families Served and Program Trends at a Glance

As illustrated in the two tables below, in State Fiscal Year (SFY) 2015, this LOB served 129,431 unduplicated Fairfax area residents and brought in federal/state funded benefits to County recipients of nearly \$600M, in at a cost to the General Fund of approximately \$3.8M for 317 FTEs. The tables below show the increasing number of individuals served from 2010 through 2015.

Clients Served (unduplicated) in the 3 Major Programs by SFY*	SNAP	TANF	Medicaid/ FAMIS	Any Program*
2010	59,952	8,890	84,858	99,397
2011	70,182	9,227	92,407	109,477
2012	78,782	8,653	93,029	112,563
2013	85,543	8,530	98,429	119,261
2014	85,323	7,508	100,667	122,381
2015	81,349	6,270	109,634	129,431

* This table represents the unduplicated number of clients served per *State Fiscal Year* (SFY) in the three major financial and medical assistance programs in the last 6 years (data source: VDSS Profile Report, SFY 2015). Note that total number of Households Served is different from the "Average Monthly Caseload" number referenced in other parts of this LOB. SFY enrollment is a cumulative unduplicated household participation count over the full 12-month period beginning June 1 and ending May 31. In contrast, the average monthly caseload is a count of households enrolled each month for each program and it is a duplicated count.

Social Services Benefits to County Residents SFY 2014				
	Federal	State	Local	All Sources
Medicaid/FAMIS	\$262,637,186	\$251,272,355	\$1,084,004	\$514,993,545
SNAP	\$74,463,345	\$ 0	\$ 0	\$74,463,345
TANF	\$2,474,065	\$2,732,812	\$ 0	\$5,206,877
Energy Asst.	\$644,833	\$ 0	\$ 0	\$644,833
Other Benefits**	\$616,297	\$1,053,354	\$334,780	\$2,004,430
Total Spending	\$340,835,726	\$255,058,521	\$1,418,784	\$597,313,030

** "Other Benefits" include programs such as Auxiliary Grant, General Relief, Refugee Cash Assistance, and a few small other miscellaneous payments.

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Trend

The number of residents applying for and receiving financial and medical assistance services has increased steadily over the past several years, primarily since FY 2014, with average monthly caseloads totaling more than 93,000, which is a 79 percent increase from 2008. In the first 2 months of FY 2016, caseloads are nearing an average of 97,000 cases per month.

The department has also experienced a significant increase in the number of people applying for assistance during the same period of time. The average number of applications received per month in FY 2008 was 2,556. In FY 2015, this average increased to 5,032 per month. Several factors may have contributed to the increase in residents applying for services, including: heightened awareness about the requirements of the federal Patient Protection and Affordability Care Act (PPACA) for individuals to obtain health insurance; better access to services (e.g., 24/7 access through a Virginia Department of Social Services online application system called CommonHelp; availability of telephonic applications for Medicaid); increase in the number of people in the County living below the federal poverty level, changing demographics and a slow economic recovery.

Increases in workload and the introduction of a new technology (the Virginia Case Management System or VaCMS) still in transition at the time of its deployment to the field in October 2013, have negatively impacted the department's ability to maintain the high levels of quality and timeliness standards required by these federal programs. The KPMG audit for the year ending June 30, 2014 found material noncompliance in both the TANF and Medicaid programs. It is expected that the same findings will continue with the most recent audit for the year ending June 30, 2015. With the creation and redeployment of additional positions from FY 2014 – 2015, the division has been able to significantly improve its response time for new applications, but has not reached yet full compliance with federal and state mandates for other part of the work related to those receiving assistance on an ongoing basis.

Additional positions were granted to the department as part of the FY 2016 budget and are in the process of being recruited and trained. Additional positions will also be requested in FY 2017 and FY 2018, in anticipation of continued caseload increases. The additional positions will bring caseload ratios per worker at doable levels, and thus will allow the Department to reach full compliance with all federal, state and local requirements regarding the administration of these programs. The Division expects, bar any unforeseen circumstances that may increase the current volume of work beyond expected levels, to significantly improve compliance with timeliness/quality requirements by calendar year 2017, when all of the additional positions received in FYs 2016 and 2017 should be fully trained and deployed to their functions. Further, it is anticipated that the aforementioned technology, VaCMS, will be completed by mid FY 2017, allowing case management activities to be streamlined and allowing the work to be completed with increased efficiency.

Grant Support

FY 2016 Total Projected Funding: Other funding of \$924,150, will support 13/13.0 FTE grant positions. There is no Local Cash Match associated with this award.

This grant represents a successful public/private partnership between Inova Health System and Fairfax County Government that has been in effect for over 25 years. The grant covers the Personnel Costs of grant eligibility workers stationed at the Inova Fairfax hospital for the purposes of accepting and processing applications for Medicaid and FAMIS of County residents who are at the time hospitalized at Inova Fairfax and Mount Vernon Hospitals. Inova also provides space for these 13 employees at their Inova Fairfax Hospital building at no cost to the County. DFS provides computers and programmatic supervision and training for staff collocated at Inova.