



MEDICAL CARE ADVISORY COMMITTEE

Senior Deputy Director/ Medicaid Director Report

Department of Health Care Finance

April 28, 2021



Presentation Overview

MCAC Staffing Update

CMS Families First Coronavirus Response Act (FFCRA)
– Eligibility Changes and Redeterminations

COVID-19 Public Health Emergency/Vaccination Update

DCAS Update

DBH-DHCF Advisory Group Update

DHCF State Plan Amendment and Rulemaking Tracker



MCAC Staffing Update



- ▶ William (Bill) Hanna, Special Projects Officer, Office of the Senior Deputy/Medicaid Director, left agency in March

- ▶ Eugene Simms, Special Assistant, Office of the Director, will be DHCF MCAC liaison and staff MCAC meeting until further notice. Email eugene.simms@dc.gov with any MCAC specific questions

- ▶ Subcommittee liaisons are:
 - Long Term Services and Supports: Ellen O'Brien, LTCA
 - Eligibility & Enrollment: Taylor Woods, HCPRA
 - Access: Serina Kavanaugh & Felecia Stovall, HCDMA
 - Health Care Re-Design: Okechuku Enyia, HCRIA



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DHCF Must Comply with FFCRA/CARES Act Requirements



- ❑ **CMS issued Interim Final Rule with Comments (IFC) on 11/2/20 with key changes:**
 - Requires states to transition individuals to within eligibility groups if change in circumstances (a change in circumstance can be aging out of an eligibility category into another)
 - Adds “not validly enrolled” beneficiaries to list of individuals who can be terminated
 - Allows states to:
 - Terminate based on PARIS match findings of non-residence
 - Reduce benefits if appropriate during PHE at state option

- ❑ **CMS issued SHO #20-004 on 12/22/20 with more sub-regulatory guidance:**
 - Created options for states to prioritize action on restart of eligibility operations
 - Clarified that states can only act on renewal information if no more than six months old
 - Requires states to develop a process to restart efforts and document in a plan for CMS review upon request

- ❑ **DHCF convened work group with ESA on path to compliance**



Changes in Circumstance(CIC) & Medicaid Impact

- ▶ States must redetermine Medicaid and CHIP eligibility between regular renewals when they have information about a change in circumstances (CIC) that affects eligibility
 - Beneficiary-Reported Changes: income, residency, household composition, pregnancy, resources
 - State/System-Identified Changes: age milestone (turning 19, 21 or 65), level of care assessment, Medicare entitlement/enrollment, household composition, income
- ▶ Original FFCRA guidance barred states from acting on CICs.
- ▶ Recent FFCRA interim final rule with comment (IFC) created new requirement:
 - If a CIC puts a beneficiary in a new eligibility group, the state must reevaluate and transition the beneficiary in the correct group.



DHCF and ESA Leadership Direction

- ▶ DHCF and ESA leadership shared direction guiding implementation planning:
 - Preserve access to services to greatest extent possible
 - Use phased approach for implementation, with focus on Change of Circumstances (CIC) and renewals monthly
 - Additional Considerations:
 - Conversion of ACEDS non-MAGI/Alliance/ICP cases to DCAS
 - ESA restart of FNS and TANF Renewals



DHCF Proposes a Phased Approach That Leverages DCAS Implementation to Minimize Lift



► Recommend the “Hybrid Phased” approach:

Option #	Change of Circumstances (CIC)	MAGI Renewals	Non-MAGI Renewals
5 – Hybrid Phased	MAGI & Non-MAGI: acting of reported changes	Restart will first begin with MAGI Renewals (Phase 1)	Phase 2: Non-MAGI Renewals including locally funded Alliance and Immigrant Children’s Program

To support implementation, HCPRA/DEP is:

- Developing new polices, notices, revised COVID related transmittals, training modules for ESA staff
- Coordinating with ESA and DHCF/DCAS on efforts identify and implement needed operations and system changes.
- Developing organizational and communications plan



FFCRA Notices

- ▶ DHCF will be sharing five new notices as part of FFCRA implementation, including:
 - Termination of EPSDT services for beneficiaries turning 21
 - Renewal cover letter to accompany renewal form
 - Request for Information (RFI) requesting additional information at renewal or change in circumstance
 - Change in Circumstance Decision informing the beneficiary CIC has been processed and determination completed
 - Medicare Entitlement Enrollment Change of Circumstance informs beneficiaries aged 65 and older or aged 64 in childless adult group with income over 100% FPL to their transition to QMB coverage.



FFCRA Implementation Will Not Disrupt Coverage Except in Limited Circumstances

- ▶ **Changes in Circumstance (CICs):** During the COVID-PHE, Medicaid coverage will continue for beneficiaries who report a change in circumstances and determined ineligible with the exception of beneficiaries reported as no longer being District residents, death, and requests to terminate coverage.
- ▶ **Renewals:** During the COVID-PHE, Medicaid coverage will continue for beneficiaries who return their renewal form and are determined to be ineligible and for beneficiaries who do not return their renewal form.
- ▶ CMS provides states the authority to take necessary action to terminate for beneficiaries who do not respond to renewals/request for information or determined ineligible for Medicaid at renewal or request if the COVID-PHE ends within 6 months of the date in notice was issued.



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COVID-19 Vaccine Outreach Update



▶ **Beneficiary Outreach**

- Partnership with MCOs on vaccine messaging and outreach strategies
- Contract with LINK Strategic Partners to conduct direct outreach to all FFS beneficiaries through mailers; phone bank calls; automated calls; and text messages through Fall '21

▶ **Provider Communications**

▶ [Revised Transmittal 21-07: Beneficiary Education and Counseling for the COVID-19 Vaccine](#)

- DHCF will provide reimbursement for Education and Counseling as part of a routine primary care or evaluation and management visit.
- Guidance for FQHC, Health Homes, LTCSS providers, and updated 4/15/21 to include reimbursement guidance for Behavioral Health Providers providing COVID-19 vaccine counseling/outreach

▶ **Partnership with DC Health**

- Data sharing to support vaccine outreach efforts



DHCF COVID-19 Vaccination Update - Tracking Vaccinations among DHCF Beneficiaries



- ▶ As of April 26, 21% of DHCF beneficiaries age 18+ (44k) have received at least one COVID vaccination
- ▶ Vaccination rates vary by age & risk group:
 - 49% of beneficiaries 65+ have been vaccinated
 - 12% of those age 18 – 44; 28% of those age 45-64 have been vaccinated
 - Among adult beneficiaries with chronic conditions* approximately 30% have been vaccinated

Source: DHCF analysis of DC Health vaccination data received via CRISP and DHCF Medicaid Management Information System data as of 4/26/21.

*Notes: Chronic conditions reflect those previously targeted by DHCF for COVID outreach (including approximately 90k adult beneficiaries); additional priority categories used by DC Health for vaccine targeting (e.g., cancer) will be added in a future update.



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DCAS Launch Overview

Medical Care Advisory Committee Meeting

April 28, 2021





Changes Coming in July

What's Coming in R3?

COMPLETED: Brought MAGI Medical programs onto the same eligibility system (i.e., DCAS)

The DCAS mobile app went live in summer 2020

GOING LIVE ON JULY 2, 2021: All Non-MAGI and remaining MAGI programs will be brought onto our new eligibility system (i.e., DCAS)

The Citizen Portal will go live



Programs Moving to the New Eligibility System

In addition to **SNAP, TANF, and MAGI Medical programs** already in our eligibility system (i.e., DCAS), the following **Non-MAGI Medical programs** will also be moving and transition roughly 90,000 residents receiving benefits today (**no current beneficiaries will lose coverage as a result of this transition**)

- Aged, Blind, Disabled (ABD) (including Spend Down)
- Breast and Cervical Cancer
- Children in Care (CIC)
- DC Alliance (DCA)
- DCA Unjustly Convicted
- Elderly and Physical Disability Waiver (including Spend Down)
- Immigrant Children's Program (ICP)
- Katie Beckett
- Long Term Care (LTC) Intellectual Development Disability (IDD) Waiver (including Spend Down)
- LTC Institutional Care Facility (including Spend Down)
- Money Follows the Person (MFP) EPD
- MFP IDD
- MAGI Spend Down
- MAGI Emergency & Non-MAGI Emergency
- Non-MAGI Retroactive Medicaid
- Qualified Medicare Beneficiary (QMB) and QMB+
- Supplemental Security Income (SSI) and Deemed SSI

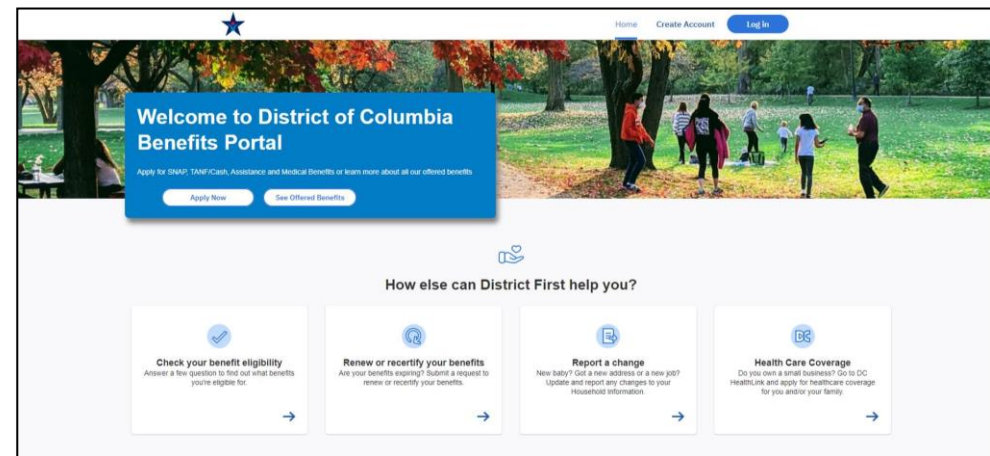
For new applicants or renewing residents, the **Medicaid cascade** in the eligibility will determine eligibility for MAGI medical first, before continuing down the "cascade" to determine which program the resident is eligible for. **This ensures residents receive the best care they can.**



DCAS Functionality








The Citizen Portal will be a one-stop-shop entry point for residents and **puts power into the hands of our residents** to apply for and manage their benefits at their convenience. When the Citizen Portal is live, customers will be able to do the following:

- **Connect to their existing accounts** to see active cases or in progress tasks, such as needing to submit verification documents or recertify
- **Submit applications** for food, cash, and medical benefits
- **Recertify** for the benefits
- Provide **changes of circumstances**, as needed
- View a **personalized dashboard** with required tasks, status, cases, and more available (must have a connected account)
- **Manage and view their benefits** (e.g., active cases, payment details, EBT card balances)
- View **electronic notices** (paper notices will still be sent)
- Review **frequently asked questions (FAQs)** and **contact details** for the agencies



Customer Technology Comparison

What is the difference between DCAS, DC Health Link, and the Benefits Citizen Portal?

			
	DCAS	DC HEALTH LINK	BENEFITS CITIZEN PORTAL
CURRENT STATE	Customers use the DCAS mobile app to apply and manage their food, cash, and medical benefits (Non-MAGI)	Customers use DC Health Link to apply for Medicaid and search for insurance options for themselves or their employees (small businesses)	Customers use the BSA Portal to apply, recertify, submit changes of circumstance, and other forms for food, cash, and medical (Non-MAGI) benefits
	 		
	DCAS	DC HEALTH LINK	BENEFITS CITIZEN PORTAL
FUTURE STATE	Customers will come to DCAS Citizen Portal or mobile app to apply and manage their food, cash, and medical benefits (MAGI and Non-MAGI)	Customers will come to DC Health Link to search for insurance options for themselves or their employees (small businesses) if they do not need any financial assistance	Will remain open through cutover, but looking to sunset in August



Benefits of DCAS

The DCAS Citizen Portal will also go live in July, as a complement to the DCAS mobile app, which is already live today



Benefits

- Desktop version of DC combined application for **customers to complete tasks at their leisure**
- Gives **remote access** to all services
- Will **reduce lines and wait times** for Call and Service centers
- Meets clients where they most **prefer to apply** for benefits
- **Automates the backend process**, reducing manual efforts on caseworkers
- Customers will **receive e-notices**, allowing more time for responses (e.g., recertification deadlines, missing verifications, etc.)





Key Reminders

- 1. All District Residents Receiving Public Health Coverage Will Transition to the DCAS Eligibility System on July 5, 2021**
 - This release will transition the roughly 90,000 remaining residents (1/4 of total Medicaid beneficiaries)
- 2. No Current Beneficiaries Should Lose Coverage as a Result of this Transition**
 - Beneficiaries who are transitioning will need to provide additional income data at their next renewal period to determine eligibility under the new automated rules engine, which first screens for eligibility under federal tax-based modified adjusted gross income (MAGI) methodology (i.e., Medicaid Cascade)
- 3. DCAS Puts Power in District Residents' Hands - Making it Easier to Apply For, Renew, and Change Enrollment in District Health and Human Service Programs**
 - This one-stop shop entry point will allow residents to use the same information to apply for many essential health and human service programs at once (e.g., Medicaid, TANF, SNAP) using a new integrated application





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Behavioral Health Integration Stakeholder Advisory Group Update



- ▶ Launched March 23 with 45 public members, including consumers, providers, and managed care representatives

- ▶ Focused on input and recommendations related to the carve-in of behavioral health services. Input will be developed through four workgroups:
 - ☞ Services to Carve-in
 - ☞ MCO Contractual Considerations
 - Stakeholder Engagement, Outreach, and Education
 - Performance Measures and Population Monitoring

- ▶ Next meeting tomorrow, April 29 at 1:30 pm
 - ☞ Subsequent meetings tentatively the 4th Wednesday of the month at 4 pm.



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▶ Recently Approved SPAs/Waivers:

- Adult Day Health Program Payment SPA (DC #20-0009)
- FY 21 Physician Supplemental Payment SPA (DC #21-0001)
- Appendix K #5 – EPD and IDD Waiver Extension

▶ Recently Approved Rules:

- Medicaid Provider Screening, Enrollment and Termination (Final Rule) – 4/23/21
- Long Term Care Services and Supports Assessment Process (Final Rule) – 4/9/21
- Organ Transplant Services – Live Organ Donation (Emergency and Proposed Rule) – 3/19/21
- Direct Support Professionals Supplemental Payment for ICF/IDDs (Notice of Proposed SPA) – 2/26/21
- Medication Assisted Treatment for Opioid Use Disorders (Notice of Proposed SPA) – 2/26/21
- Personal Care Services (Final Rule) – 1/29/21
- Individual and Family Services Waiver (Emergency and Proposed) – 1/8/21