



Restarting Medicaid Renewals: The End of the Continuous Enrollment Requirement Bi-weekly Meeting #6

Medicaid Renewal Community Meeting

Department of Health Care Finance

June 7, 2023



Presentation Overview



- Medicaid Renewal Background
- What's New This Week
- Overview of Non-MAGI Eligibility
- Key Information on Outreach and Medicaid Renewal
- Next Steps
- Q&A



Medicaid Beneficiaries Will Have to Renew Their Coverage for the First Time in 3+ Years



- In March 2020, CMS temporarily waived the need to renew Medicaid coverage and states received a 6.2% financial boost to accommodate the increased enrollment.
- Medicaid enrollment has increased 20% since the start of the public health emergency – just over 300,000 District residents are now enrolled in Medicaid.
- At the end of 2022, Congress passed legislation ending the continuous eligibility requirement on March 31, 2023.
- The District restarted Medicaid eligibility **renewals beginning April 1, 2023**. (Alliance and Immigrant Children’s Program renewals started in July 2022), with the first group required to renew coverage before May 31, 2023 –which passed last week!



The District Must Go Through the Renewal Process for all Medicaid Beneficiaries Before Taking an Adverse Action



- MAGI Medicaid Beneficiaries (most adults under 65, pregnant women and children under 21, parents/caretaker relatives)
 - A passive renewal happens at the end of the month prior to mailing of renewal packets. If passively renewed, beneficiaries receive a notice their coverage is renewed and require no further action.
 - The first renewal notice is sent at the end of the month 60 days prior to certification end date.
 - If renewal not received or there are outstanding verifications a second notice of pending termination is sent 30 days prior to certification end date.
- Non-MAGI Medicaid Beneficiaries (Age 65+, blind, or person with a disability, SSI recipients, waiver participants)
 - The first renewal notice is sent at the end of the month 90 days prior to certification end date.
 - If renewal not received or there are outstanding verifications a second notice of pending termination is sent 30 days prior to certification end date.
- District Direct renewal sample notices are available on the [DHCF Website](#).
- Medicaid renewal packages will have distinctive markings on the envelope.



The District Has a 90-Day Renewal Reinstatement Period for Those Who Do Not Return by Their End Date



- There is a 90-day grace period for individuals who do not renew Medicaid ahead of their certification end date. The grace period allows additional time for individuals who fail to recertify timely in submitting their renewal.
- If the beneficiary is determined eligible for continued coverage, coverage will retroactively go back to the certification end date. If a provider provides care in this period, they will be reimbursed -if the individual recertifies within the grace period.
- Individuals can recertify their coverage in District Direct, mail, service center, fax, etc. by submitting their renewal form or completing a renewal online up to 90 days after their recertification end date.
- Individuals attempting to recertify their coverage after 90 days following their recertification end date will be required to **submit a new application**.
 - The grace period for the May cohort ends on 8/30; From 9/1/23 and forward this cohort will be required to submit a new application to reactivate their benefits.

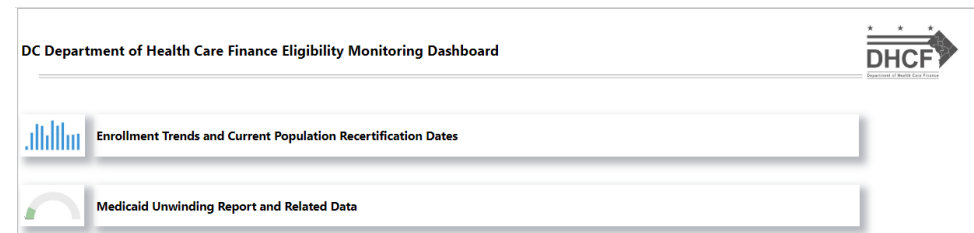


UPDATE SINCE LAST MEETING:



Renewal Outcomes for Beneficiaries Due in May

- **Approximately 14,500 beneficiaries were due to recertify by the end of May.** This group largely reflects non-disabled children and adults under 65 with 60-day notices mailed by April 1.
 - Of that total, 73% (approximately 10,600) had renewed their coverage by the end of May.
 - 66% were renewed passively (extended by DHCF based on electronic checks alone).
 - 7% were renewed non-passively (beneficiary provided information needed to extend their coverage).
 - 3% (approximately 500) had their coverage extended because their case was pending (renewal is in District Direct but requires verification(s) from beneficiary or processing by caseworker).
 - Less than 1% (fewer than 100) were determined ineligible (beneficiary provided information indicating they no longer qualify).
 - Remaining 23% (approximately 3,330) lost coverage because there was no response (renewal not pending in District Direct). These are referred to as “procedural terminations.”
- **The number of individuals in a renewed, pending, or determined ineligible status can continue to increase as renewals returned during the 90-day grace period are processed.** Similarly, the number of individuals in the terminated category will decrease.
- Data at <https://dhcf.dc.gov/eligibilitydashboard> will be refreshed by June 16 to include updated information for beneficiaries who:
 - Previously received a renewal notice (non-disabled children and adults under 65 due in May-June; people with disabilities and those age 65+ due in June-July).
 - Newly received a notice in June (non-disabled children and adults under 65 due in July; people with disabilities and those age 65+ due in August).





UPDATE SINCE LAST MEETING: DHCF Launched Text Message, Email and Robocall Outreach on Medicaid Renewal



- **The Issue**: DHCF wants to contact beneficiaries through as many mediums as possible to make sure they are aware of Medicaid Renewal and the need to take action to renew their coverage.
- **Specifics**: The agency attempted to contact all valid emails and numbers able to receive calls or texts between May 24 and May 31 on the existence of Medicaid Renewal, the need to ensure DHCF has up-to-date contact information, and encourage beneficiaries take timely action to renew their coverage.
- **Context**: This a targeted, ongoing component of DHCF's broader outreach strategy.
- **Going Forward**: DHCF will contact beneficiaries whose certification date is upcoming in the next thirty (30) days via email, robocall and text at the beginning of each month in this process.



What are MAGI and Non-MAGI Medicaid Eligibility?



MAGI Scope

- The Modified Adjusted Gross Income (MAGI) financial methodology applies to pathways for Medicaid eligibility for pregnant people, parents, and children with low incomes- primarily determining eligibility through a financial calculation based on household income.

Non-MAGI Scope

- Non-MAGI eligibility applies to pathways for Medicaid eligibility for based on age, health condition, or disability. This eligibility category applies to QMB and QMB+ coverage, those receiving SSI, anyone receiving long term care or social supports, and anyone qualifying for Medicaid based on health condition.



Non-MAGI Coverage Pertains to a Specific Set of Individuals and Pathways to Medicaid Enrollment

Non-MAGI Individuals

65 & Older, Blind or Disabled

Former Foster Care Children

Individuals receiving Supplemental Security Income (SSI)

Eligible for Katie Beckett or been screened and need treatment for Breast and Cervical Cancer

Non-MAGI Medicaid Groups

Qualified Medicare Savings Program (QMB)

Long Term Care & Support Services (HCBS Waivers/Nursing Home)

Specialized Programs such as Katie Beckett and Children in Foster Care

Medically Need Spend Down



Core Eligibility Rules for Non-MAGI Renewals Include Income, Residency -and Possibly Level of Care



- Effective April 1, 2023, the District resumed normal processing and requirements for all non-financial and financial eligibility. At renewal, social security number (SSN) and U.S. Citizenship/Eligible Immigration status for beneficiaries has been verified and does not need to be reverified again.
- However, beneficiaries must verify income, residency -and level of care, if receiving LTC. Over the next 14-months the District will accept self-attestation of resources at renewal only. **See appendix A & B.**

Non-Financial Eligibility Requirements

- Citizenship/Immigration Status
- Household Composition
- Identity
- Level of Care (Long Term Care individuals only)
- Residency
- Social Security Number (SSN)

Financial Requirements

- Income
- Resource



Non-MAGI Renewal Form Timelines



- The District sends out most renewal forms for Non-MAGI groups **90 days** in advance based on their recertification end date:
 - *Example: On April 1, 2023, a 90-Day* renewal form notice was sent to Non-MAGI individuals who had a renewal due **June 2023**. If the renewal is not received by the agency or the beneficiary is determined to be no longer eligible, Medicaid benefits will end **June 30, 2023**.
- Beneficiaries are encouraged to submit renewals upon receipt to avoid any delays in processing. Once the agency has received the renewal form the beneficiary will receive a notice informing them that the renewal has been received.
- If the agency needs additional verification, a request for information (RFI) notice will be mailed and all requesting verifications must be submitted by the designated due date. This will allow sufficient time for the agency to review and process the renewal.



Long Term Care Services & Supports (LTCSS) Renewals



- The District Direct Partner Portal was launched on February 27, 2023.
- All Medicaid long-term care (nursing home & waiver services) applications, changes and renewals are submitted through the portal. LTCSS providers in the District have access to the Partner Portal and submit renewals on behalf of beneficiaries.
- LTCSS beneficiaries should be aware of their case management agency, especially beneficiaries who receive waiver services in their home. If you receive a renewal and your case management agency has not been notified, please ensure you inform them that you have received your renewal, so they may assist you in completing and returning your renewal.
- Beneficiaries receiving LTCSS **should not** be submitting renewals on their own but should work with their case management or nursing facility agency to complete the renewal form.



You Can Assist by Increasing Awareness and Usage of the Prescription Order Form to Complete EPD Waiver Renewals



There are Concerns About Timely Submission of LOC Assessments

- DHCF is Concerned About Timely Requests for Assessments: Medicaid beneficiaries in the Elderly and Persons with Disabilities Waiver program need level of care (LOC) assessments in a timely manner to successfully renew their Medicaid coverage.
 - *The LOC assessment can only be ordered by a Medicaid-enrolled, licensed physician or APRN.*
- Providers Need to Submit Prescription Order Forms: The DHCF Prescription Order Form (POF) is required to request a LOC assessment for Long Term Services and Supports- and they must be submitted by fax or electronically to Liberty, our vendor for LOC assessments.

What You Can Do to Increase Awareness

- Use any methods you have to contact providers to submit POFs for LOC assessments timely –you may draw on material that will be emailed to certain groups and posted on the Medicaid Renewal website



Key Advice to Successful Renewals Include Attaching Information, Responding Timely, and Having Accurate Contact Info



- Ensure your contact information is correct
- Submit renewal upon receipt
- Submit renewal with income and residency verification attached
- Respond timely to any request for information (RFI) that you receive
- LTCSS providers ensure that a level of care is included with the renewal



The District is Conducting Outreach to Beneficiaries Through as Many Mediums as Possible



- DHCF will send Renewal Packets to beneficiaries who cannot passively renew coverage.
- The District will text the cell numbers of beneficiaries to ask beneficiaries to update their address and/or complete their renewal packet.
- The District will conduct automated phone calls to ask beneficiaries to update their contact information and/or complete their renewal packet.
- The District will send emails to beneficiaries with the appropriate information to let them know about Medicaid Renewal and the need to update their address and renew their coverage.
- The District will send push notifications to beneficiaries who have downloaded the District Direct mobile app

• DHCF is training groups such as this one on how to update contact information and renew Medicaid

The District Has Multiple Ongoing Methods of External Outreach -And Wants to Join Your Meetings Too!



- The District wants to join meetings of key stakeholders to explain Medicaid Renewal
 - DHCF staff would attend meetings hosted by your stakeholder group -or that you know about –*send invites to us via email at Medicaid.restart@dc.gov*.
- The District is providing ~monthly Stakeholder Trainings on the District Direct enrollment process, updating addresses, and renewing Medicaid –next is **6 PM on Wednesday, June 21st**
- The District created a website with information on Medicaid Renewal and the End of the Public Health Emergency that will host the Unwinding Plan, Stakeholder Toolkit, meeting info, etc.
- The District is hosting regular Community Stakeholder meetings such as this every other week - continuing every-other-Wednesday at 2:30 p.m. -**next is on Wednesday, June 21st**
 - *Please email Medicaid.restart@dc.gov to join the meetings and related mailing list if not on it already*
- The District has hired a contractor to place visuals and audio Advertisements for Medicaid Renewal around the District continuing throughout 2023.



Consumer Alert: Beware of Medicaid Renewal Scams!



Beware of Medicaid Renewal Scams

The DC Department of Insurance, Securities and Banking (DISB) is warning District consumers to be on guard against fake Medicaid renewal scams. During the COVID-19 pandemic, the review of Medicaid eligibility for enrolled clients was paused. Jurisdictions, including the District of Columbia, are now returning to pre-pandemic renewal plans. As a result, scam artists may increase efforts to defraud unsuspecting consumers!

How is the Scam Perpetrated?

Scammers impersonate Medicaid representatives, and claim coverage is being canceled or benefits have been lost. Personal information such as social security number, Medicaid ID, and bank account information is requested immediately to renew enrollment, resulting in identity theft. Scammers may also threaten you with civil or criminal penalties and demand that you pay a fee to continue receiving benefits.



Consumer Alert: Beware of Medicaid Renewal Scams!



Know the Facts



Medicaid will not call or email individuals to ask for personal information. Renewal information is typically mailed to you. Clients can renew coverage online, by mail or in person. Importantly, there is no fee to renew Medicaid coverage. If anyone requests payment, it's a scam!

Protect Yourself

Be cautious about providing personal information over the phone or online. Never share your social security number, Medicaid ID, or bank information, or any other personally identifiable information (PII) without verifying that the request is legitimate.



If you are contacted about renewing Medicaid coverage, do not provide PII. Hang up or delete the email and contact your local Medicaid office to confirm whether there are issues.

Report Fraud

If you are the victim of a fake Medicaid renewal scam, report it to one of the following government agencies:

1. DISB Enforcement and Consumer Protection Division, 202.727.8000.
2. Federal Bureau of Investigation (FBI) Internet Crime Complaint Center ([IC3gov](https://www.ic3.gov)) or call the FBI Washington Field Office at 202.278.2000.
3. Federal Trade Commission, [ftc.gov](https://www.ftc.gov).



What Can Stakeholders Say to Beneficiaries?



What Beneficiaries Can Do Right Now

- Don't Wait to Update!: Update your contact information by logging into District Direct. If DHCF does not have the proper contact information, you will not receive notice of the need to renew your coverage through the mail or other means!
- Check Your Mail: DHCF will mail you a letter about your Medicaid, Alliance, or ICP coverage. This letter will also let you know when it's time to complete your renewal.

What To Do After Receiving Your Renewal Notice

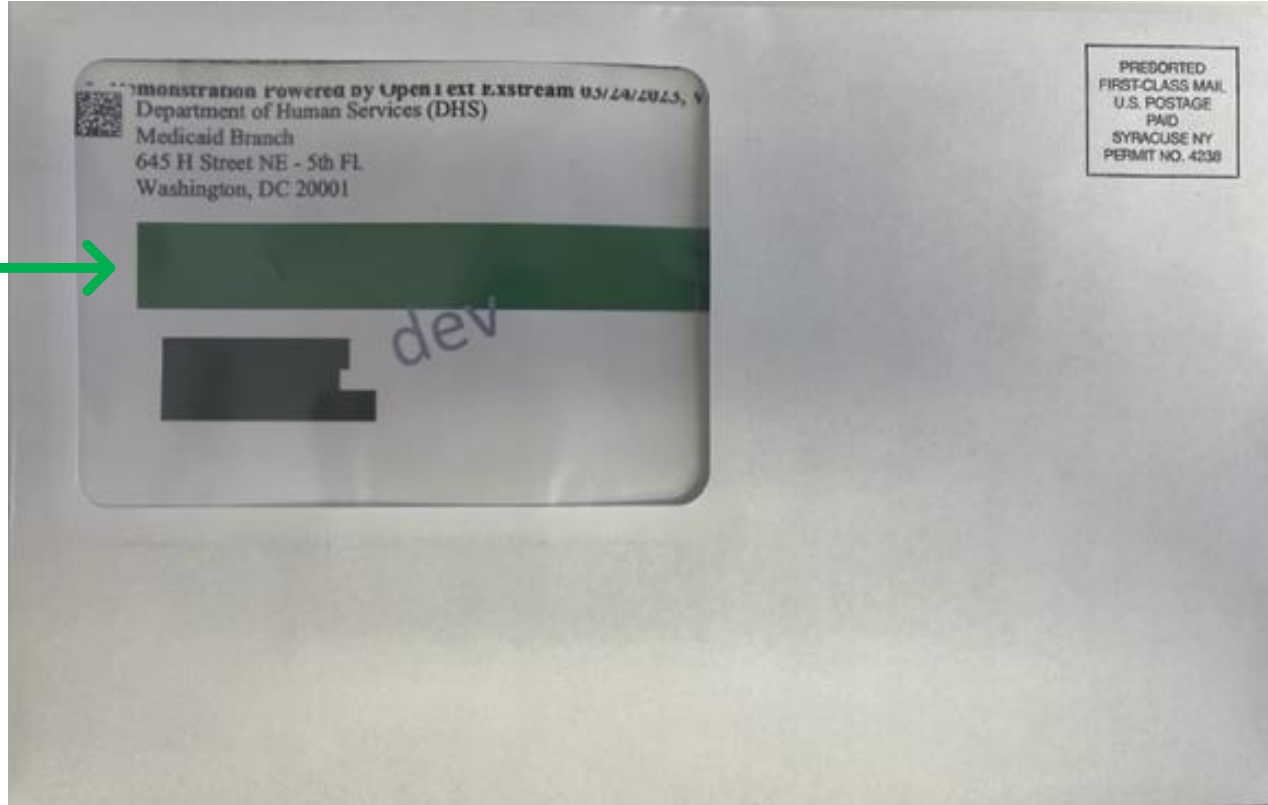
- Complete your renewal by using districtdirect.dc.gov or fill out the form and mail/fax/drop at Service Center immediately to help avoid a gap in your coverage.



Look Out For An Envelope that Looks Like This!



Look for the green line here







Look Out For These Renewal Documents in the Mail!



GOVERNMENT OF THE DISTRICT OF COLUMBIA



SAMPLE NOTICE: Non-MAGI Renewal Form

Renewal Form for Medical Assistance

It is time to renew your **Aged, Blind, Disabled (ABD)** medical assistance coverage. You must renew your medical assistance coverage at least once a year. You must complete and return this renewal form and copies of all required documents by **6/30/2023** to keep your medical assistance coverage. As you complete this form, please tell us any changes that have occurred.

If there is a change in your benefits, you will get

GOVERNMENT OF THE DISTRICT OF COLUMBIA

SAMPLE NOTICE: Long Term Care Renewal Form

Notice Date: 04/01/2023 Account ID: 999999999

JOHN DOE
441 4TH STREET, NW
WASHINGTON, DC 20001

Subject: Important Message About Determining Your Medical Assistance Coverage

Dear JOHN DOE:

It is time to renew your **long term care** medical assistance coverage. You must renew your medical assistance coverage at least once a year. You must complete and return the attached renewal form and copies of all required documents by **6/30/2023** to keep your long term care medical assistance coverage.

Please return this page in the enclosed envelope

GOVERNMENT OF THE DISTRICT OF COLUMBIA

Medical Assistance Renewal Form D2

April 1, 2023

John Doe
441 4th Street, NW
Washington, DC 20001

Integrated Case #: 99999

It is time to renew your health coverage. Please respond by **<Date Field>** to avoid gaps in your coverage.

You can renew your Health Coverage in any one of these

- **By mail:** Complete this form and mail it in the enclosed envelope to:
Attention:
Department of Human Services
Economic Security Administration
Outstation/Medicaid Renewal Unit



Save Time! Submit Your Renewal Online!



Medicaid beneficiaries may submit their completed renewals:

- **Online**: District Direct allows beneficiaries to complete their renewal, report changes, submit verifications, and view notices online or through the mobile app. Beneficiaries may visit <https://districtdirect.dc.gov/> or download the mobile app through the Apple App Store or Google Play. **Please encourage beneficiaries to complete their renewal online!**
- **By Phone**: Call Center (202) 727-5355; Language & Translation Line 1-855-532-5465
- **Mail**
Department of Human Services | Economic Security Administration
Case Record Management Unit
P.O. Box 91560 Washington, DC 20090
- **Drop-off at a Service Center**
- **Fax at (202) 671-4400**



District Direct is available online in English, Spanish, and Amharic



Home

Create Account

Log in

English

Español

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Welcome to District of Columbia Benefits Portal

Apply for SNAP, TANF/Cash Assistance and Medical Benefits or learn more about all our offered benefits

Apply Now

Learn More About Benefits





DHCF is Working with The Health Benefits Exchange and DC Health Link to Ensure Continuity and Access of Health Coverage



- DC Health Link: DC Health Link is the health care exchange program in the District of Columbia ensuring access to quality and affordable health care to all DC residents. DC Health Link, coordinates benefits and create a "no-wrong-door" environment for District residents seeking help with insurance coverage and costs.
- Relationship with Medicaid Renewal: DC Health Link can find health coverage if a beneficiary no longer qualifies for Medicaid but may qualify for other health plans
 - DC Health Link may also be the first place some beneficiaries go to find or renew coverage
- Recording of Presentation on 4/26: You can find a recording of the presentation DC Health Link made on 4/26 on the Medicaid Renewal website at <https://dhcf.dc.gov/medicaid-renewal>
 - DC Health Link is making sure that representatives are here and at future meetings

The District is Doing Dedicated Outreach to Special Populations



- **Senior Beneficiaries**

- DHCF is partnering with DACL to training their staff and senior service network in early April on the renewal process.
 - Seniors will then be able to access in-person assistance at Senior Wellness Centers and 40+ Community Dining Sites across the District.
- The Deaf and Hard of Hearing Senior Center and Senior Center for the Blind have also committed to assisting seniors with applications.

- **Beneficiaries Living with Disabilities**

- DHCF is training employees at DDS and their providers to help beneficiaries.

- **Beneficiaries Experiencing Homelessness**

- DHCF is meeting with outreach staff, shelter case workers, and adult day centers that work with beneficiaries experiencing homelessness to ensure they are prepared to spread the word and assist beneficiaries with completing their renewals.



DC Healthy Families MCOs are Engaged in a Variety of Medicaid Renewal Activities



The MCOs continue to conduct Medicaid renewal outreach activities which include:

Community Outreach Events

Sending text messaging

Social media updates and posting videos

Home visits (door knockers)

Mailing flyers

Robo and staff calls

Ads in community publications

Participate in DHCF trainings community updates



MCOs may have wellness centers that offer access to Wi-Fi, computers, and printers to assist with completing renewals. MCO staff are available to answer questions as well.



For enrollees who are slated to lose Medicaid coverage the end of June, the MCOs are conducting targeted phone calls, text messages, and home visits.

What Can You Do to Support DC Residents in Renewing Coverage?



DHCF outreach on Medicaid Renewal is ongoing and includes media (radio, TV, bus advertisements), health/wellness fairs, targeted outreach (texting, robocalls); data sharing with managed care plans; external stakeholder meetings, and more!

What Can You Do to Support Residents in Renewing Coverage?

- *Providers:* Check on patient/beneficiary renewal dates through the provider portal (www.dc-medicaid.com) and work with beneficiaries needing to renew.
- *Community Partners:* Make fliers, etc. available onsite at your organizations; include information in newsletters and other outreach to District residents; connect beneficiaries to assistance as needed; raise issues to DHCF (medicaid.renewal@dc.gov).
- *Beneficiaries:* Don't wait to update your contact information and look in the mail for the District envelope with the green bar. If you're in doubt about what to do, reach out!
- *Everyone:* Share what you know about Medicaid Renewal to friends, family, and neighbors!



Medicaid Renewal: Next Steps



- Advertisements and outreach are ongoing. Look for our messaging on advertisements and fliers throughout the community.
- Automated Calls and Texts will continue monthly to beneficiaries whose coverage is due to be renewed
- DHCF will host ~monthly trainings on District Direct and how to complete Medicaid renewal form. The next monthly training will be on June 21, 2023 @ 6:00 PM.
- The next Community Meeting on Medicaid Renewal will be June 21, 2023 @ 2:30 PM and continue every 2 weeks.
- Please contact Medicaid.renewal@dc.gov for more information or to get connected to the meetings and trainings.



Questions and Comments



Learn more about DC Medicaid Renewals:

<https://dhcf.dc.gov/medicaid-renewal>

Medicaid Renewal

Medicaid.Renewal@dc.gov





Appendix A: Acceptable Verifications of Income



The following types of documents can be used to verify income:

- Recent pay stubs (four weekly, two bi-weekly, or one monthly);
- Completed employer verification form;
- Statement showing retirement income, disability income, workers compensation income or pension statement;
- Bank/Checking account statement;
- Paper, electronic, or telephonic documentation;
- A written statement which explains the discrepancy if other documentation is not available.



Appendix B: Acceptable Verifications (Residency)



The following types of documents can be used to verify residency:

- An active lease agreement, certified deed, or mortgage statement with a District and their name;
- Phone or Utility bill within the past 2 months;
- D.C. Voter Registration Card;
- Non-expired D.C. motor vehicle registration or D.C. DMV identification card;
- Cancelled check or receipt of mortgage or rental payments within the past 2 months;
- Utility bills and payment receipts with a D.C. address within the past 2 months;
- Non-expired automobile insurance statement with a D.C. residency address;
- D.C. One Card; or
- Completed and signed proof of D.C. Residency Form



Eligibility Categories are Based on Federal Poverty Limits



Parent Caretaker 2023 FPL	
<i>The District covers this population with household income up to 216% of the FPL (with an additional 5% disregard)</i>	
Category	Parent/Caretaker/Relative
Threshold in FPL	216% + 5% disregard
1 person household, monthly	\$2,685
2 person household, monthly	\$3,632
3 person household, monthly	\$4,578
4 person household, monthly	\$5,525
5 person household, monthly	\$6,472
6 person household, monthly	\$7,418
7 person household, monthly	\$8,365
8 person household, monthly	\$9,311
Figures compiled using 2023 FPL numbers distributed by the U.S. Department of Health and Human Services	

Infants and Children 2023 FPL		
<i>The District covers this population with household income up to 319% and 216% of the FPL (with an additional 5% disregard)</i>		
Category	Children (0-18), 319%	Children (19-20), 216%
Threshold in FPL	319% + 5% disregard*	216% + 5% disregard*
1 person household, monthly	\$3,937	\$2,685
2 person household, monthly	\$5,324	\$3,632
3 person household, monthly	\$6,712	\$4,578
4 person household, monthly	\$8,100	\$5,525
5 person household, monthly	\$9,488	\$6,472
6 person household, monthly	\$10,876	\$7,418
7 person household, monthly	\$12,263	\$8,365
8 person household, monthly	\$13,651	\$9,311
Figures compiled using 2023 FPL numbers distributed by the U.S. Department of Health and Human Services		



Eligibility Categories are Based on Federal Poverty Limits



Pregnant 2023 FPL	
<i>The District covers this population with household income up to 319% of the FPL (with an additional 5% disregard)</i>	
Category	Pregnant Individual
Threshold in FPL	319% + 5% disregard
2 person household, monthly	\$5,324
3 person household, monthly	\$6,712
4 person household, monthly	\$8,100
5 person household, monthly	\$9,488
6 person household, monthly	\$10,876
7 person household, monthly	\$12,263
8 person household, monthly	\$13,651
Figures compiled using 2023 FPL numbers distributed by the U.S. Department of Health and Human Services	

Adults without Dependent Children (Childless Adults) 2023 FPL	
<i>The District covers this population with household income up to 210% of the FPL (with an additional 5% disregard)</i>	
Category	Adults Without Dependent Children
Threshold in FPL	210% + 5% disregard*
1 person household, monthly	\$2,612
2 person household, monthly	\$3,533
3 person household, monthly	\$4,454
4 person household, monthly	\$5,375
5 person household, monthly	\$6,296
6 person household, monthly	\$7,217
7 person household, monthly	\$8,138
8 person household, monthly	\$9,059
Figures compiled using 2023 FPL numbers distributed by the U.S. Department of Health and Human Services	



Eligibility Category QMB-Federal Poverty Limits



QMB 2023 FPL		
<i>The District covers this population with household income up to 300% of the FPL (with an additional \$20 for QMB Plus)</i>		
Category	QMB	QMB Plus
Threshold in FPL	300% + \$20	100% + \$20
1 person household, monthly	\$3,665	\$1,235
2 person household, monthly	\$4,950	\$1,663
3 person household, monthly	\$6,235	\$2,092
4 person household, monthly	\$7,520	\$2,520
5 person household, monthly	\$8,805	\$2,948
6 person household, monthly	\$10,090	\$3,377
7 person household, monthly	\$11,375	\$3,805
8 person household, monthly	\$12,660	\$4,233
Figures compiled using 2023 FPL numbers distributed by the U.S. Department of Health and Human Services (+5% income disregard)		



Appendix C: Key Tips to Connect District Direct Accounts to Beneficiaries



- Some individuals recertifying will need to connect their account to their established case profile in District Direct.
 - **Note:** This is a result of the District switching from the legacy eligibility processing system (ACEDS) during the PHE
- Primary Applicants can connect their account using their Social Security Number, Medicaid ID Number, or Person Reference Number
- A SSN is **NOT** needed to connect a newly created District Direct account to a primary applicant's case profile
 - **Note:** Primary applicants in a household can use their Personal Reference Number instead of an SSN
- *Please note that the name used to connect must match what is currently in the system. Names listed on notices reflect what is in the system. For example, if the name in the system is John Doe-Smith, that must be used to connect instead of John Doe.*