

**MEMORANDUM OF UNDERSTANDING
BETWEEN**

**THE DISTRICT OF COLUMBIA
THE DEPARTMENT OF HEALTH CARE FINANCE
AND
THE DEPARTMENT OF HUMAN SERVICES
INCOME MAINTENANCE ADMINISTRATION**

I. INTRODUCTION

This Memorandum of Understanding ("MOU") by and between the District of Columbia ("District") Department of Health Care Finance ("DHCF") and Department of Human Services ("DHS"), Income Maintenance Administration ("IMA"), establishes the conditions upon which DHS will determine the eligibility of persons to receive benefits from or through the District's Medicaid Program and State Child Health Insurance Program ("SCHIP") in accordance with the requirements of Title XIX and Title XXI of the Social Security Act, the DC Health Care Alliance Program ("Alliance") and other locally funded programs as they are developed and approved.

II. AUTHORITY FOR MOU

The legal authority for this MOU is set forth in 42 CFR 431.10(d).

III. OVERVIEW OF THE PARTIES

DHCF is the single state agency responsible for the administration of the District's Medicaid program. DHCF is the Department which is responsible for administering the District's Medicaid Program and is responsible for determining the eligibility policy and criteria, service coverage, and payment policies for the District's Medicaid and SCHIP programs; for ensuring the District's health care programs maximize federal funding to finance health care services for the indigent; for developing effective methods for managing the utilization of health care services and the cost of care in the District programs; and for analyzing existing health care financing policies to ensure that they promise efficient, effective, and economical provisions of care.

DHS, IMA, is the District agency which is responsible for implementing eligibility policies for Medicaid, SCHIP, the Alliance, and other programs under this MOU in accordance with the District's State Plan for Medicaid ("State Plan") in accordance with federal and District statutes, regulations and policies.

IV. STATEMENT OF PURPOSE

The purpose of this MOU is to establish the terms and conditions under which the parties will assure inter-agency coordination of eligibility for Enrollees in Medicaid, SCHIP, the Alliance, and other locally funded programs.

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V. SCOPE OF SERVICES

A. Eligibility Determination

1. DHCF and DHS agree to work together to:
 - a. Implement Medicaid, Alliance, and other program's eligibility in accordance with the State Plan; the Requirements of Title XIX of the Social Security Act; and all applicable federal regulations and official issuances of the Department of Health Care Finance ("DHCF"), and DC law and regulations.
 - b. Assure compliance with the State Plan and District rules governing the aforementioned programs.
 - c. Provide DHS with information about changes in federal or District law or policy that affect the processing of applications or determinations of eligibility for Medicaid and all other programs.
 - d. Secure appropriate materials to assist applications/recipients who are blind, deaf, and/or have limited English proficiency.

2. DHS agrees to:
 - a. Comply with all applicable federal and District laws and direction from DHCF regarding processing applications and eligibility to determinations and recertifications for Medicaid, and SCHIP, the Alliance, and other programs in the District.
 - b. Employ the professional and technical personnel essential for eligibility determinations and recertifications and perform error resolution, including proper documentation.
 - c. Develop appropriate procedures for complying with policies determined by DHCF for Medicaid, SCHIP, the Alliance and other programs, making eligibility determinations and recertifications, and training of IMA and outreach staff about the procedures.
 - d. Determine eligibility for Medicaid, SCHIP, the Alliance and other programs on a uniform basis throughout the District for persons who are indigent or medically

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indigent according to regulations, guidelines and procedures established by DHCF.

- e. Verify eligibility on an established period basis.
 - f. Educate all individuals seeking to make applications to Medicaid and SCHIP programs about 1) the benefits provided by the programs for that individual and any family members; 2) the information necessary to complete an application; 3) the necessity to periodically recertify enrollment in the programs; 4) the right to a fair hearing under applicable federal and District law for any person whose claim is denied or not acted upon promptly; and 5) other important information about the programs.
 - g. Coordinate with outreach workers and outstation application centers to make eligibility determinations and recertifications for Medicaid, SCHIP, the Alliance and other programs.
 - h. Report information about persons determined eligible for Medicaid, SCHIP, the Alliance, or other programs to entities designated by DHCF, which processes claims for persons certified or recertified as enrollees.
 - i. Provide an integrated, Federally-certified system to support the major processing function of the Medicaid programs; create-efficient, accurate eligibility updates that will interface with the current MMIS and potentially integrate into the future MMIS/MITA system; provide needed services efficiently and with the flexibility to respond to policy changes without major impact on the system or Medicaid, SCHIP, the Alliance and other enrollees;
 - j. Provide timely response to policy changes or with problem resolution; test the results of proposed changes without major adverse impact on the system or enrollees; provide information to users, including timely and efficient management and operational reporting to meet District and Federal requirements as applicable.
2. DHCF agrees to:
- a. Develop and maintain eligibility policy for Medicaid/SCHIP, the Alliance and other programs for the District and provide a liaison to DHS to assure appropriate implementation of the policy.
 - b. Develop and provide Early and Periodic, Screening, Diagnosis, and Treatment ("EPSDT") policies, procedures and oversight.

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- c. Develop and mail a notice concerning EPSDT that will be sent annually to all Medicaid and SCHIP recipients. DHCF will pay for the postage for this annual mailing. Extra copies of the annual notice will be given to DHS for distribution to new Medicaid and SCHIP enrollees.

VI. DATA COLLECTION, REPORTING, AND CONFIDENTIALITY

A. Data Collection and Reporting

1. DHS agrees to:
 - a. Provide statistical information regarding the application and recertification processes as required by the Department of Health and Human Services (DHHS) and DHCF upon request.
 - b. Collect and provide eligibility or other information as required by DHCF or DHHS about potential third party liability, including, but not limited to other health-related insurance, automobile and other accidents, medical malpractice, work-related injuries, and assaults.
 - c. Maintain case records necessary for reporting, auditing, program planning and evaluation for the current year and a period of three additional years. DHS shall submit these records, upon request, to DHCF and DHHS.

B. Confidentiality

1. DHCF and DHS agree to protect the confidentiality of information provided by individuals applying for or benefiting from the Medicaid, SCHIP, the Alliance and other programs as provided by federal and District law by establishing procedures to protect such information and instructing all personnel with access to information about such persons regarding the confidentiality requirements and procedures.

VII. PAYMENT

DHS agrees to claim the Federal share of reimbursement for IMA's eligibility determinations for Medicaid and SCHIP programs directly through the DHS Controller's Office according to its Cost Allocation Plan approved by the U.S. Department of Health and Human Services, Division of Cost Allocation.

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VIII. ADMINISTRATIVE REVIEW AND FAIR HEARINGS

The Medicaid appeal hearings required by federal law are conducted by the Office of Administrative Hearings ("OAH") pursuant to its authority set forth by D.C. Official Code § 2-1831.03. In connection with appeals to the OAH related to eligibility determinations for the programs,

1. DHS agrees to:
 - a. Provide summaries, upon request, of Medicaid and Alliance eligibility determinations and recertifications to Medicaid and Alliance appellants, DHCF, and OAH.
 - b. Perform the administrative reviews on all matters concerning eligibility pursuant to D.C. Official Code § 4-210-7.
 - c. Represent DHCF at administrative appeals and hearings conducted by OAH when the issues involved are concerned with eligibility determinations and recertifications.

IX. FRAUD AND ABUSE

1. DHS agrees to:
 - a. Establish, in consultation with DHCF, procedures for identifying cases of suspected fraud or abuse and refer such cases to DHS' Office of Program Review, Monitoring and Investigation ("OPRMI") for investigation.
 - b. Provide the results of each investigation for suspected fraud or abuse to DHCF, upon request.
 - c. Provide DHCF with such records or documentation as may be necessary to complete their investigations of fraud or abuse.
 - d. Provide accurate reports of the disposition of all cases involving Medicaid or Alliance expenditures and an accurate accounting of monies ordered and received in all such cases.

X. QUALITY CONTROL

1. DHS agrees to:

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- a. Operate quality assurance and quality control systems in accordance with policy and procedures prescribed by federal and District law and routinely provide DHCF with case error information and analysis of such information.
- b. Routinely provide DHCF with information regarding corrective action for specific error cases found during the quality review period.

XI. COLLABORATION

I. DHCF and DHS agree to:

- a. Meet periodically to discuss the eligibility determination and recertification processes and to monitor any problems that may arise.
- b. Develop collaboratively outreach activities to maximize enrollment of eligible individuals in Medicaid, SCHIP, the Alliance and other programs.
- c. Develop collaboratively a basic and specialized Medicaid, SCHIP, the Alliance and other program eligibility training program for DHS staff.
- d. Develop and update EPSDT Desk Guide for use by DHS staff.
- e. Ensure that all aspects of this MOU are carried out in accord with the requirements of Salazar v. District of Columbia, U.S. Dist. Ct., DC, 954 F. Supp. 278 (1996).

XII. EFFECTIVE DATE

This MOU shall commence on October 1, 2008 and remain in effect until revised or terminated by either DHCF or DHS.

XIII. MODIFICATION

This MOU may be amended by the mutual written consent of the parties.

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XIV. TERMINATION

This MOU may be terminated by either party upon sixty (60) days written notice provided that the parties shall have collaborated to develop an alternative means of making eligibility determinations for Medicaid and SCHIP programs which meets all Federal and District requirements.

XV. NOTICE

Any notice sent or required to be sent under the terms of this MOU shall be sent or delivered to the Parties to this MOU by delivery to the individuals designated by each Party as contact points under this MOU. The following individuals are the contact points for each Party under this MOU:

Director of Policy
Department of Health Care Finance
825 North Capitol Street, N.E.
Fifth Floor
Washington D.C. 20002

Director
Department of Human Services
64 New York Avenue, N.E.
6th Floor
Washington, D.C. 20002

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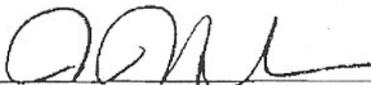
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IN WITNESS WHEREOF, the parties have signed this MOU on this _____ day of _____, 2008.

For the Department of Health Care Finance:


Name of Director

4-9-09
Date

For the Department of Human Services:

Clarence H. Carter
Name of Director

4-8-09
Date

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