

GOVERNMENT OF THE DISTRICT OF COLUMBIA
Department of Health Care Finance



Office of the Senior Deputy Director/State Medicaid Director

MDL #21-02

MEDICAID DIRECTOR LETTER

To: All Interested Parties

Date: June 1, 2021

Re: Child and Adolescent Supplemental Security Income Program (CASSIP): Interim Procedure to Request Disability Determination for Non-SSI Recipients of D.C. Medicaid

The purpose of this MDL is to inform all interested parties that the CASSIP Referral Form for providers is reinstated by DHCF, effective immediately.¹ This form enables medical providers to request a disability determination from DHCF on behalf of children or adolescents seeking enrollment in CASSIP, that do not otherwise have a disability determination by way of being a recipient of Supplemental Security Income (SSI).² Please note that an SSI-denial letter is **not** required as a condition of enrollment, or request for enrollment in CASSIP.

The disability determination made by DHCF, will be based on the definitions and standards applicable to the SSI disability requirements applied by the Social Security Administration (SSA).³ Specifically, DHCF will consider a child/adolescent to have a qualifying disability if he or she has a medically determinable physical or mental impairment or combination of impairments that causes marked and severe functional limitations, and that can be expected to cause death or that has lasted or can be expected to last for a continuous period of not less than 12 months. A medically determinable physical or mental impairment is an impairment that results from anatomical, physiological, or psychological abnormalities that can be shown by medically acceptable clinical and laboratory diagnostic techniques. When completing the Provider Referral Form, please ensure that the medical evidence demonstrates the existence of a physical or mental impairment; a narrative statement about the individual's symptoms is insufficient.

¹ See attached, CASSIP Provider Referral Form, DHCF MDL #21-02A

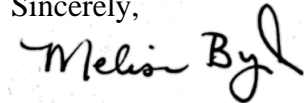
² To be eligible for enrollment in CASSIP, a child or adolescent must be under 21 years old, enrolled in the D.C. Medicaid program, and either be in active receipt of Supplemental Security Income (SSI), or receive a disability determination from DHCF or its authorized agent; See DHCF MDL #21-01 (March 10, 2021), at <https://dhcf.dc.gov/sites/default/files/dc/sites/dhcf/publication/attachments/MDL%2021-01%20-%20CASSIP%20Enrollment%20Eligibility%20for%20Individuals%20Aged%2021-26.pdf>

³ 41 U.S.C. § 1382c(a)(3)(C)(1); 20 C.F.R. § 416.924 and 416.994(c); See SSA Childhood Listing of Impairments (Part B)

Also attached to this MDL, is a Parent/Caretaker Referral Form. DHCF strongly recommends, but does not require, completion of this form by the parent/caretaker of the subject individual. The narrative information requested in this form will assist DHCF in better understanding the scope and severity of functional limitations of the subject individual that result from the medical impairments described by the provider.

Please submit the form and accompanying documentation, consistent with the information described herein, by electronic mail or facsimile to Surobhi Rooney, DHCF Compliance Officer, at either surobhi.rooney@dc.gov, or (202) 442-4790. A determination will be made within 10 business days of receipt of the request. If further information is required, then DHCF will contact the provider within the same time frame with such request. DHCF looks forward to continued collaboration with beneficiaries, providers, and other stakeholders as we work to improve health outcomes so District residents can live their best lives.

Sincerely,

A handwritten signature in black ink that reads "Melisa Byrd". The signature is written in a cursive style with a large, looped initial "M".

Ms. Melisa Byrd, Senior Deputy Director/State Medicaid Director
District of Columbia Government, Department of Health Care Finance