



**GOVERNMENT OF THE DISTRICT OF COLUMBIA**  
**Department of Health Care**  
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**Washington, DC 20001**

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*Department of Health Care Finance Informational Bulletin*

**DATE:** September 1, 2024

**FROM:** Benjamin Ebeigbe  
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**SUBJECT: Simplified Renewal Process for Medicaid HCBS & Community Transitions Process Updates**

This bulletin provides routine updates pertinent to the Medicaid long-term care system in the District. This bulletin will cover a simplified renewal process for Medicaid HCBS and an updated care coordination process for discharge planning when moving from the nursing facility to the community.

### **Updated Simplified Renewal Process for Medicaid HCBS**

The District's resumed Medicaid eligibility renewals on April 1, 2023, following the end of the continuous eligibility requirement and the conclusion of the public health emergency. As of March 1, 2024, all beneficiaries enrolled in the program before the unwinding of Medicaid have had their renewals initiated to determine continued eligibility. Throughout this process, DHCF has observed a relatively low rate of ineligibility (less than one percent) among HCBS beneficiaries who submitted their renewals. To simplify the renewal process for HCBS individuals who have already been redetermined eligible since the unwinding, help alleviate processing backlogs associated with HCBS renewals, and move towards full compliance with federal ex-parte renewal requirements for all Medicaid populations, the District is proposing a simplified renewal process for the majority of HCBS Waiver enrollees beginning September 1, 2024, the first impacted HCBS beneficiaries are those with November 30, 2024 recertification date.

#### **Simplified Process:**

- DHCF will implement a no-touch renewal strategy for HCBS enrollees beginning September 1, 2024.
- DHCF will use electronically available information to check 1) level of care and 2) residency for current HCBS waiver enrollees at recertification. This is called "initiation".
- Enrollees who "pass" data checks at initiation will have their eligibility extended for a year, through their next recertification date; all others will receive a non-passive renewal.
- This is different from continuous eligibility, DHCF will still react to eligibility changes that are reported to the agency during the extended recertification period.

**Applicable Programs:**

- Initially, this process will only apply to 1915c Waiver Programs: EPD (Elderly and Persons with Disabilities); IDD (Intellectual and Developmental Disabilities); IFS (Individual and Family Support).
- Nursing facility, ICF, PACE, and Spend-Down beneficiaries are excluded for now.
- To the extent anyone in an excluded category is extended unintentionally, DHCF will work with sister agencies as applicable and providers/case managers to ensure a non-passive renewal is completed.

**Beneficiary Notice:**

- Beneficiaries eligible for the simplified renewal process will receive a passive renewal notice. Notices will inform residents of their coverage renewal for the next 12 months.

**Process for Case Managers:**

- No Changes to the Level of Care requirements and submissions; Case Managers should still upload LOC documentation through the District Direct Provider Portal.
- If someone loses LOC (rare if at all for IDD/IFS), they will receive an adverse action notice and lose coverage.

**Change of Circumstances:**

- DHCF will still react to eligibility changes that are reported to the agency during the extended recertification period (ICF Admission, Waiver enrollment changes, death, voluntary termination of benefits).
- Case managers must continue to submit Change of Circumstance information during this period.

**Expected Impact:**

- Simplified renewal process for case managers, enrollees, and eligibility processing team.

This process reflects DHCF's ongoing commitment to simplifying the Medicaid Restart and renewal processes for enrollees. Previously, DHCF implemented measures such as temporary Non-MAGI extensions, a universal 90-day grace period, and eliminating resource checks at renewal. Over the next year, DHCF plans to expand this streamlined renewal process to other LTSS groups. Anticipated changes will be communicated in advance through stakeholder forums. Additionally, DHCF is collaborating with the Centers for Medicare and Medicaid Services (CMS) to secure full federal approval of the proposed simplified renewal process and will notify enrollees of any changes made to comply with CMS requirements.

**Updated Community Transition Process**

To ensure a smooth transition for beneficiaries moving between care settings, whether under fee-for-service or dual-choice coverage, this updated community transition process is designed to support the timely and accurate submission of required documentation while facilitating proactive care planning, with the Interdisciplinary Care Team. This update introduces a community transitions Factsheet which will be required during the final discharge planning meeting to prepare for a beneficiary's imminent return to the community from a nursing home.

Required Community Transition Eligibility Determination Documents remain unchanged. These include:

- Change of Circumstance 50A/1210\*
- Request for Action (1346)
- LTC Supplemental form

**Note:**

- To facilitate a streamlined review of the LTC community transition eligibility application documentation, the Form 1346 must be submitted along with the eligibility determination forms listed above (*\*refer to the Quick Reference Guide for processing timelines and Form 1210*).

**Required for Community Transition Discharge Planning:**

- Community Transition Factsheet (New)

**Contents of the Community Transitions Factsheet:**

- Beneficiary's general information
- The Meeting Notes Section describes identified transition support needs, such as state plan, waiver, skilled care, behavioral health support, etc.
- Discharge/Community Transition Team Consensus
- Service Type, Service Start Date, Service Provider/Agency's Address and Contact Information

**Note:**

- The Factsheet is completed by DHCF/Designee.
- For LTC Fee-for-Service, the Department of Aging and Community Living's Community Transition Team (CTT) completes the Factsheet as part of the final discharge planning meeting.
- The final discharge planning meeting should occur once the community transition eligibility determination has been completed by the Medicaid Branch.
- As a best practice, the CTT should coordinate the final discharge planning meeting to complete the Factsheet before the approved discharge date- ideally, occurring within 3 business days from the date of the LTC eligibility determination and discharge date indicated on the 1346 form.

**Helpful links:**

- [Current 1346](#)
- [LTCA-relevant forms](#), including information about eligibility processing, and Community Transitions Factsheet.

**Additional reminders and resources:**

- These Informational Bulletins are being archived on DHCF's website under the Long Term Care Administration tab: <https://dhcf.dc.gov/publication/informational-bulletins-ltc><https://dhcf.dc.gov/publication/informational-bulletins-ltc-providersproviders>

**More information**

- Contact DHCF through dedicated email boxes:
  - Learn more about DC Medicaid Renewals: <https://dhcf.dc.gov/medicaid-renewal>
  - Latest DC Medicaid Director Letters: <https://dhcf.dc.gov/page/medicaid-director-letters>
  - Latest DC Medicaid Transmittals: <https://dhcf.dc.gov/page/dhcf-medicaid-updates>

**Community Transitions Factsheet**

Address:						CT Date:		
Phone:	H		W		Date of Birth:		Med. ID	
Program Type:		EPD		SP	Start Date:		End Date:	
Legal Guardian		Self		Other (explain):				
Emergency Contacts:	1.						Phone:	
	2.						Phone:	
Physician:						Phone:		
Healthcare Decision Support	1.						Phone:	
	2.						Phone:	

**Meeting Notes (describe identified transition support needs)**

Case Management:			
Personal Care Aide Services:			
Waiver Service (Other):			
Waiver Service (Other):			
Waiver Service (Other):			
Non-Waiver Service(s)			
Skilled Care Supports:	Y		N
Behavioral Health Supports:	Y		N

**Discharge/Community Transition Team Consensus (check the applicable box to indicate approval)**

	Beneficiary/AR/Guardian		DHCF		DACL/CTT		HHA
	Nursing Facility		Case Management		Other		Other

Service Type/	Start Date	Agency/Address	Contact/Position
Case Management:			
PCA:			
Other:			
Other:			
Other:			

**DHCF/DACL Use Only**

Completed/Updated by:		Agency		Date:	
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