

**GOVERNMENT OF THE DISTRICT OF COLUMBIA**  
**Department of Health Care Finance**



**Office of the Senior Deputy Director/Medicaid Director**

**MDL # 21-03**

**MEDICAID DIRECTOR LETTER**

**TO:** All Interested Parties

**DATE:** August 17, 2021

**RE:** Frequently Asked Questions Related to DHCF Operations After the Conclusion of the COVID-19 Public Health Emergency

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**Purpose**

The Department of Health Care Finance (DHCF) is committed to taking critical steps to ensure District residents have access to health coverage during the public health emergency caused by the spread of the coronavirus disease 2019 (COVID-19). The purpose of this letter is to answer Frequently Asked Questions concerning DHCF's operations following the conclusion of the local public health emergency and in anticipation of the conclusion of the federal public health emergency within the year.

**Background**

DHCF has made changes to the administration of the District of Columbia Medicaid State Plan (and any waivers thereof), the DC Health Care Alliance Program (Alliance), and the Immigrant Children's Program (ICP) in response to the public health emergency (PHE). Most of these changes are tied to the federal public health emergency. The changes include service expansions, reimbursement increases, and changes to eligibility processing for Medicaid beneficiaries. DHCF has also implemented some changes tied to the local public emergency (PE) and PHE. Most of these changes impact eligibility processing for residents enrolled in the Alliance and ICP, Medicaid provider screening and enrollment requirements, and reimbursement of service provided via audio-only telemedicine.

**Frequently Asked Questions (FAQs)**

**What is the federal public health emergency?**

Under Section 319 of the Public Health Service Act, the Health and Human Services (HHS) Secretary is authorized to make a determination that a public health emergency exists. On January 31, 2020 the HHS Secretary declared that a public health emergency exists for COVID-19. The declaration was effective beginning January 27, 2020 and has been extended by the HHS Secretary for subsequent ninety (90) day periods. The federal public health emergency will

terminate at the end of a ninety (90) day extension, if not renewed by the HHS Secretary. The Biden Administration and the Centers for Medicare & Medicaid Services (CMS) will inform states sixty (60) days in advance of the conclusion of the federal public health emergency. HHS anticipates the federal public health emergency will continue through the duration of the calendar year as conveyed via letter to states in January 2021.

**What federal authorities and flexibilities did DHCF utilize to make changes to the Medicaid program in response to COVID-19?**

In recognition of the critical role Medicaid plays in helping states respond to public health emergencies, CMS identified several legal authorities available for states to effectuate programmatic, reimbursement, and policy changes in response to COVID-19. The authorities the District utilized include emergency Medicaid state plan amendments (SPA), Section 1915(c) Waiver Appendix K, and Section 1135 Waivers.

- Emergency SPAs permit DHCF to make changes to the amount, duration, and scope of benefits covered under the District of Columbia Medicaid State Plan, as well as update provider reimbursement methodologies established therein.
- The Section 1915(c) Waiver Appendix K permits DHCF and sister agencies to make changes to the amount, duration, and scope of benefits covered under the District’s 1915(c) Home and Community-Based Waiver programs, as well as update the provider reimbursement methodologies established therein.
- Section 1135 Waivers permit DHCF to request authority from CMS to waive or modify federal Medicaid requirements to mitigate the consequences of the COVID-19 pandemic.

Utilization of these authorities is tied to the duration federal public health emergency and DHCF’s ability to utilize them will terminate on or near the end of the federal public health emergency. A table with a brief overview of when these authorities became effective (at the federal level) and when they will terminate is below:

<b>Authority</b>	<b>Effective Date</b>	<b>Termination Date</b>	<b>Example</b>
Medicaid disaster relief/emergency SPA template for the COVID-19 PHE	March 1, 2020 or any later date elected by the state	End of the federal PHE (including any extensions), or any earlier date elected by the state	<a href="#">DC SPA 20-001</a> : Temporary 20% increase to nursing facility rates
Appendix K	January 27, 2020 or any later date elected by the state	Up to six (6) months following the conclusion of the federal PHE (including any extensions)	<a href="#">1915(c) HCBS Waiver Appendix K</a> : Temporary 15% increase to assisted living facility rates

Medicaid 1135 Waivers	March 1, 2020	End of the federal PHE (including any extensions)	<a href="#">District 1135 Waiver Request:</a> Temporarily suspend Medicaid fee-for-service prior authorization requirements
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Programmatic changes put in place under these authorities will continue beyond expiration of the District public health emergency.

**What is the District public health emergency?**

In the District, a public emergency is defined as any disaster, catastrophe, or emergency situation where the health, safety, or welfare of persons in the District of Columbia is threatened by reason of the actual or imminent consequences within the District of Columbia of: flood, earthquake, or other serious act of nature; enemy attack, sabotage, or other hostile action; outbreak of a communicable disease that threatens or causes damage to life, health, or property; etc.

When the Mayor declares the existence of a public emergency in accordance with D.C. Official Code § 7–2304, D.C. Official Code § 7-2304.01 further authorizes the Mayor of the District of Columbia to declare a public health emergency and issue executive orders in response. A public health emergency may declared if they Mayor has reasonable cause to believe that there is an imminent hazard of or actual occurrence of: a large number of deaths in the District of Columbia; serious or long-term human health disabilities in the District of Columbia; widespread exposure to an infectious or toxic agent that poses a significant risk of substantial harm to a large number of people in the District of Columbia; use, dissemination , or detonation of a weapon of mass destruction in the District of Columbia; or other emergency events that create an acute and immediate need for volunteer health practitioners. The Mayor declared a public health emergency in the District effective March 11, 2020. Further legislation was passed to permit the Mayor to extend the March 11, 2020 public health emergency and executive order issued in response to COVID-19 until July 25, 2021. A public emergency remains in place through October 8, 2021.

**What District authorities and flexibilities did the DHCF utilize to make changes to the Alliance, ICP, and Medicaid program in response to COVID-19?**

In accordance with D.C. Official Code § 4–131, the Director of DHCF is delegated the authority vested in the Mayor by Section 303 of the COVID-19 Response Emergency Amendment Act of 2020 (D.C. Act 23-247) and renewed in Section 508 of the Coronavirus Support Temporary Amendment Act of 2020 (D.C. Law 23-130) and Section 508 of the Coronavirus Support Temporary Amendment Act of 2021 (D.C. Law 24-9) to extend eligibility periods for individuals receiving benefits, extend the timeframe for determinations for new applicants, and take other actions as appropriate to support the continuity of, and access to, benefits provided by any public benefit program.

DHCF utilized this authority, along with flexibilities put in place by other District agencies, to make several programmatic changes in response to COVID-19, including:

- Permitting reimbursement of services provided via audio-only telehealth for the duration of the District’s public health emergency plus an additional sixty (60) days following its conclusion;
- Waiving face-to-face interview requirements for Alliance applicants and beneficiaries for the duration of the District’s public health emergency plus an additional sixty (60) days following its conclusion;
- Automatically extending eligibility for Alliance and ICP beneficiaries for the duration of the District’s public health emergency plus an additional sixty (60) days following its conclusion and allowing for self-attestation of most eligibility requirements;
- Maintaining provider enrollment through expiration of their license, consistent with flexibilities put in place by DC Health; and
- Enrolling Certified Nursing Aides licensed in the District, Maryland, and Virginia to provide Medicaid personal care aide services, consistent with flexibilities put in place by DC Health.

Some of these flexibilities may conclude following the end of the District’s public health emergency on July 25, 2021. Additional information is included below.

**Will DHCF continue to reimburse for Medicaid services provided via audio-only telehealth following conclusion of District’s public health emergency?**

Yes. The District intends to utilize flexibility provided at the federal level and updates made to the District of Columbia Telehealth Reimbursement Act of 2013 to continue reimbursing for services provided via audio-only telehealth following the conclusion of the District public health emergency on July 25, 2021. DHCF is amending rulemaking at 29 DCMR 910 and guidance to further clarify intent.

**Will DHCF continue to provide coverage of COVID-19 testing and vaccine administration following conclusion of the District’s public health emergency?**

Yes. DHCF will continue coverage of COVID-19 testing and vaccine administration and will reimburse providers in accordance with guidance published to the [DHCF website](#) for services they deliver.

**When will recertifications for Alliance and ICP beneficiaries go back into effect?**

Recertifications for Alliance and ICP beneficiaries will be reinstated beginning approximately sixty (60) days following the conclusion of the District public health emergency. DHCF will begin mailing recertification and renewal notices to beneficiaries with eligibility end dates in September 2021 and October 2021 by months end.

**Will Alliance applicants and beneficiaries recertifying their eligibility be required to attend face-to-face interviews?**

No. DHCF retains its ability to waive the face-to-face interview requirement for an additional sixty (60) days following conclusion of the District’s public health emergency. DHCF also

anticipates long term changes to the Alliance face-to-face interview requirement will be signed into law via the Fiscal Year 2022 Budget Support Act of 2021. Therefore, Alliance applicants and beneficiaries will not be required to attend a face-to-face interview following conclusion of the District's public health emergency.

**Will DHCF maintain provider enrollment through expiration of their license after the conclusion of the District public health emergency?**

DHCF will adhere to any licensure and clinician certification flexibilities granted by DC Health.

**Will DHCF continue to enroll Certified Nursing Aides licensed in the District, Maryland, and Virginia to provide Medicaid personal care aide services following the conclusion of the District public health emergency?**

DHCF will adhere to any licensure and clinician certification flexibilities granted by DC Health.

**Website Information**

Additional information and updates for providers and beneficiaries can be found on the DHCF website and elsewhere online:

- [Medicaid Beneficiary COVID-19 Updates](#)
- [Program Updates and Provider Transmittals](#)
- [Informational Bulletins for Long Term Care Providers](#)
- [District of Columbia COVID-19 Updates](#)
- [HHS COVID-19 Updates](#)

**Contact**

DHCF will make ongoing updates to this FAQ. If you have questions for inclusion in a future update, please contact Surobhi Rooney, DHCF Compliance Officer, at either [surobhi.rooney@dc.gov](mailto:surobhi.rooney@dc.gov), or (202) 442-5916.

Sincerely,

*Angelique Martin*

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On behalf of:

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District of Columbia Government, Department of Health Care Finance