

GOVERNMENT OF THE DISTRICT OF COLUMBIA
Department of Health Care Finance



Office of the Senior Deputy Director and Medicaid Director

Transmittal # 22-27

TO: All Interested Parties

FROM: Melisa Byrd
Senior Deputy Director and Medicaid Director

DATE: September 6, 2022

**SUBJECT: Children and Adolescents Supplemental Security Income Program (CASSIP)
Procedures for Requesting Voluntary Enrollment Based on Disability**

I. Purpose

This Transmittal describes the procedures and guidelines for D.C. Medicaid or Immigrant Children's Program (ICP) beneficiaries who do not receive Supplemental Security Income (SSI), to request voluntary enrollment in the Children and Adolescents Supplemental Security Income (CASSIP) on the basis of disability, as clinically determined by DHCF or its authorized agent.

II. Program Background

CASSIP is a specialized, voluntary managed care program for D.C. Medicaid or ICP enrolled children and adolescents aged 20 years old or younger, who either concurrently receive SSI, or have been determined to meet the disability criteria described herein by DHCF, or its authorized agent. CASSIP is currently administered by Health Services for Children with Special Needs (HSCSN), a Medicaid managed care plan (MCP), pursuant to the terms of its managed care contract with DHCF.

III. Eligibility Criteria

In order to voluntarily enroll in CASSIP, an individual must meet the following criteria:

1. Be actively enrolled in D.C. Medicaid or ICP; and
2. Be aged 20 or under¹; and
3. Be concurrently in receipt of SSI; or
4. Be determined by DHCF or its authorized agent to have a qualifying disability, the criteria for which are described below.

¹ Effective March 10, 2021, CASSIP enrollment is only available to otherwise eligible individuals under the age of 21 years old. See DHCF MDL #21-01, 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>

Please note that once an individual is enrolled in CASSIP, they will remain enrolled until such individual either requests disenrollment, is 26 years old or older², or is no longer enrolled in D.C. Medicaid or ICP.

IV. Procedures to Request CASSIP Disability Determination

D.C. Medicaid or ICP beneficiaries under the age of 21, who do not receive SSI, may request that a disability determination be made for purposes of voluntary enrollment in CASSIP by submitting the following documents:

A. Documents

a. Required

1. Provider Referral Form;³ and
2. Medical records that both state, and contain information supporting the disability diagnosis asserted as the basis for voluntary CASSIP enrollment;
 - a. Medical records must contain information from an acceptable medical source⁴, and objective medical evidence, including signs, laboratory findings, or both.⁵

b. Optional

1. Non-medical sources. Documentation from non-medical sources will be reviewed and considered supplementally to medical records. Non-medical information can be from any person familiar with the asserted impairments of the subject child or adolescent, including parents, school staff, or therapists.

B. Submission Procedures

- a. All completed, required documents must be submitted directly by the Provider that completed the Provider Referral Form (or authorized agent thereof);

² See District of Columbia Medicaid State Plan, Section 3, Attachment 3.1F, Page 5 at https://dhcf.dc.gov/sites/default/files/dc/sites/dhcf/publication/attachments/Amount%2C%20Duration%20and%20Scope%20of%20Services%20Attachment%203.1F_0.pdf

³ CASSIP Provider Referral Form, available at:

<https://dhcf.dc.gov/sites/default/files/dc/sites/dhcf/publication/attachments/Medicaid%20Director%20Letter%20-%20MDL%2022-03%20CASSIP%20-%20Provider%20Referral%20Form.pdf>

⁴ See 20 C.F.R. § 416.902(a), identifying the following as acceptable medical sources: (1) Licensed physician (medical or osteopathic doctor); (2) Licensed psychologist, which includes: (i) A licensed or certified psychologist at the independent practice level; or (ii) A licensed or certified school psychologist, or other licensed or certified individual with another title who performs the same function as a school psychologist in a school setting, for impairments of intellectual disability, learning disabilities, and borderline intellectual functioning only; (3) Licensed optometrist for impairments of visual disorders, or measurement of visual acuity and visual fields only, depending on the scope of practice in the State in which the optometrist practices; (4) Licensed podiatrist for impairments of the foot, or foot and ankle only, depending on whether the State in which the podiatrist practices permits the practice of podiatry on the foot only, or the foot and ankle; (5) Qualified speech-language pathologist for speech or language impairments only. For this source, qualified means that the speech-language pathologist must be licensed by the State professional licensing agency, or be fully certified by the State education agency in the State in which he or she practices, or hold a Certificate of Clinical Competence in Speech–Language Pathology from the American Speech–Language–Hearing Association; (6) Licensed audiologist for impairments of hearing loss, auditory processing disorders, and balance disorders within the licensed scope of practice only; (7) Licensed Advanced Practice Registered Nurse, or other licensed advanced practice nurse with another title, for impairments within his or her licensed scope of practice; or (8) Licensed Physician Assistant for impairments within his or her licensed scope of practice.

⁵ See 20 C.F.R. § 416.902(l), defining signs as Signs means one or more anatomical, physiological, or psychological abnormalities that can be observed, and must be shown by medically acceptable clinical diagnostic techniques. Psychological or behavioral signs must be shown by observable facts that can be medically described and evaluated.

- b. Submissions must be made electronically, directly to Comagine, the District's currently contracted Quality Improvement Organization (QIO), through its secure provider portal.

C. Reviewer Qualifications

All CASSIP disability determination requests will be evaluated by either a Physician, Registered Nurse, or Nurse Practitioner. All requests for which a "denial" is initially indicated, will undergo a second level of review by a Physician, MD, for final determination.

V. CASSIP Disability Determination Criteria

A. Definition

A D.C. Medicaid or ICP beneficiary under the age of 21 seeking enrollment into CASSIP on the basis of disability, is considered disabled if they have a "medically determinable impairment (MDI) 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."⁶ This definition, and the criteria discussed below, is adapted from the from the SSI disability determination criteria for children utilized by the Social Security Administration.

B. Sequence of Evaluation

DHCF has adopted the sequential clinical disability determination process, whereby the Clinical Reviewer will: (1) Review the Provider Referral form to confirm that it clearly states a diagnosis(es) that either meets, medically equals, or functionally equals at least one of the impairments contained in the SSA Listing of Impairments (Listing);⁷ and (2) the impairment results in marked and severe functional limitations; and (3) such impairment 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.

C. Medically Determinable Impairment (MDI): There are three ways to establish MDI: (1) Meets a Listing; or (2) Medically equals a Listing, or (3) Functionally equals a listing. Please note that the durational requirement applies to all three ways of establishing MDI- that is that the MDI 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. **Meets a listing.** The indicated diagnosis(es) explicitly meets an impairment contained in the Listing, *and* there is information in the case record that said diagnosis must also *meet* the requirements described in the Listing that correspond to the applicable impairment.⁸

⁷ See 20 C.F.R. §416.925; Appendix 1, Part B of 20 C.F.R. §404, Subpart P, available at <https://www.ssa.gov/disability/professionals/bluebook/ChildhoodListings.htm>

⁸ See 20 C.F.R. §416.925

- b. Medically equals a listing.** The impairment is medically equivalent to a listing if it is at least equal in severity and duration to the criteria of any listed impairment.⁹
- c. Functional Equivalence.** Whether the child's impairment is of listing-level severity, which means it must result in “marked” limitations in two “functional domains” or “extreme” limitation in one “functional domain.”¹⁰
- 1. Functional Domains:** For purposes of CASSIP disability determinations, DHCF recognizes six (6) discrete functional domains, which broadly refer to activities that the individual can and cannot do at home, at school, and in the community compared to typical individuals the same age who do not have impairments: (i) Acquiring and using information; (ii) Attending and completing tasks; (iii) Interacting and relating with others; (iv) Moving about and manipulating objects; (v) Caring for the individual's self; and, (vi) Health and physical well-being.¹¹

D. Severity of Limitation

- a. Marked.** An individual will be considered to have “marked” limitations⁸ if the impairment(s) interferes seriously with the ability to independently initiate, sustain, or complete activities.¹² Functioning may be seriously limited when the individual impairment(s) limits only one activity or when the interactive and cumulative effects of the individual impairment(s) limit several activities.
1. “Marked” limitation also means a limitation that is “more than moderate” but “less than extreme.” It is the equivalent of the functioning we would expect to find on standardized testing with scores that are at least two, but less than three, standard deviations below the mean.¹³
 2. If the individual has not attained age 3, then generally find that the individual has a “marked” limitation if they are functioning at a level that is more than one-half but not more than two-thirds of their chronological age when there are no standard scores from standardized tests in the individual case record.
 3. If the individual is over the age of 3, then find that they have a “marked” limitation when they have a valid score that is two standard deviations or more below the mean, but less than three standard deviations, on a comprehensive standardized test designed to measure ability or functioning in that domain, and their day-to-day functioning in domain-related activities is consistent with that score.

⁹ See 20 C.F.R. §416.926

¹⁰ See 20 C.F.R. §416.926a

¹¹ See 20 C.F.R. §416.926a(b)(1)

¹² See 20 C.F.R. §416.926a(e)(2)

¹³ This refers to standardized tests, as applicable, to the establishment of the proffered diagnosis(es) that is the basis(es) of the disability determination request.

- b. Severe.** A severe impairment is one that is more than “a slight abnormality or a combination of slight abnormalities that causes more than minimal functional limitations.”¹⁴
1. In assessing severity, the totality of available relevant information is considered, including but not limited to such factors as age, the effects of any chronic illness, the impact of any medication, the effects of structured or highly supported settings, adaptations, time spent in therapy, school attendance, and pain and other symptomatology.
- c. Extreme.** An extreme limitation exists when the impairment(s) interferes very seriously with the ability to independently initiate, sustain, or complete activities.¹⁵ Day-to-day functioning may be very seriously limited when the impairment(s) limits only one activity or when the interactive and cumulative effects of the impairment(s) limit several activities.
1. “Extreme” limitation also means a limitation that is “more than marked.” “Extreme” limitation is the rating that should be given to the most substantial limitations. However, “extreme limitation” does not necessarily mean a total lack or loss of ability to function. It is the equivalent of the functioning we would expect to find on standardized testing with scores that are at least three standard deviations below the mean.
 2. If the individual has not attained age 3, we will generally find that the individual has an “extreme” limitation if the individual is functioning at a level that is one-half of the individual’s chronological age or less when there are no standard scores from standardized tests in the individual case record.
 3. If the individual is a child of any age (birth to the attainment of age 18), we will find that the individual has an “extreme” limitation when the individual has a valid score that is three standard deviations or more below the mean on a comprehensive standardized test designed to measure ability or functioning in that domain, and the individual day-to-day functioning in domain-related activities is consistent with that score.

VI. Determinations

A. Outcomes: Technical Denial, Denial, Approval

- a. Technical Denial: Provider referral forms containing missing or incomplete non-clinical information will receive a “technical denial” disposition. This means that the determination request will not be processed and evaluated until the provider referral form is completed and/or corrected. Providers will be notified of technical errors through the provider portal. If the technical error is not corrected within 2 business days of portal notification, then a Technical Denial notice will be issued to the provider, through the portal, and also in writing, to the subject beneficiary.

¹⁴ See 20 C.F.R. §416.9924(c)

¹⁵ See 20 C.F.R. §416.926a(e)(3)

- b. Denial: Determination that the subject beneficiary, based on the information contained in the disability determination request, did not meet the criteria for voluntary enrollment in CASSIP on the basis of disability. A written denial notification will be issued to the subject beneficiary within 10 business days of receipt of a complete CASSIP disability determination request.
- c. Approval: Written notification of all disability approval determinations will be issued to the subject beneficiary within 10 business days of receipt of a complete CASSIP disability determination request.

Contact

For questions related to the CASSIP program, or the information contained in this transmittal, please contact Colleen Sonosky, J.D., Associate Director of the DHCF Division of Children's Health Services at colleen.sonosky@dc.gov.

Cc: DC Hospital Association
DC Primary Care Association
DC Health Care Association
DC Home Health Association
DC Behavioral Health Association
DC Coalition of Disability Service Providers
Medical Society of DC