Policy Updates

- Implementing ACA Medicaid Changes
  - Created and submitted the District of Columbia Verification Plan which outlines the policy and procedures used to verify eligibility beginning October 1, 2013
  - Submitted 28 Eligibility State Plan Amendments (SPAs) related to eligibility changes under the ACA
  - Drafted and submitted an extension of our 1115 waiver for childless adults and successfully negotiated a temporary extension of up to two years
  - Created a novel approach to implement CMS' methodology for calculating who is newly eligibility (and therefore eligible for 100% FMAP) beginning on January 1, 2014
  - Created 11 new Program Codes for the new MAGI populations and created program codes presentations for DHCF and ESA staff training
  - Developed the first ever DHCF Eligibility Quality Improvement Plan
  - Drafted two MOUs to establish the relationships between the DCHBX, DHS and DHCF to operate the new eligibility system

Former Foster Care (FFC) Youth Category

- Starting January 1, 2014, former foster care youth will be eligible for Medicaid under the new Former Foster Care Youth category from age eighteen (18) through the last day of the month in which the youth turns age twenty-six (26).

- **WHO?**
  - Youth who were in D.C. foster care system when they turned age 18 or at the time they aged out of the D.C. foster care program;
  - Were enrolled in D.C. Medicaid when they turned age 18 or at the time they aged out of the D.C. foster care program;
  - Are not eligible and enrolled in any other Medicaid mandatory coverage category;
  - Reside in the District; and
  - Are ages 18 through 25.

Former Foster Care (FFC) Youth Category, cont'd.

- **HOW?**
  - **Seamless Transition of Youth Aging Out of Foster Care:**
    - Foster care youth who are aging out of foster care will be automatically and seamlessly transitioned into the FFC Youth coverage group by CFSA and ESA.
  - **Application for Medicaid through DC Health Link:**
    - When an applicant submits a Medicaid application through DC Health Link and indicates on the application that he or she was formerly in the District's foster care system, DC Health Link will automatically verify using electronic data sources that the youth was enrolled in D.C. foster care and D.C. Medicaid as a foster child.

Hospital Based Presumptive Eligibility

- Hospital Based Presumptive Eligibility is a new policy required under the ACA which its purpose is to expand Medicaid enrollment for uninsured individuals.

- **Who?**
  - Beginning January 1, 2014 qualified hospitals will have the authority to conduct presumptive eligibility determinations for eligible populations. These populations include:
    - Pregnant women, 300% FPL
    - Infants and Children under Age 19, 300% FPL
    - Parents and Other Caretaker Relatives, 200% FPL
    - Childless Adult Group (19-64), 200% FPL
    - Former Foster Care Children
    - Certain Individuals Needing Treatment for Breast or Cervical Cancer

Hospital Based Presumptive Eligibility, cont'd.

- **How?**
  - Applicants can self attest to all eligibility factors and be determined eligible for HBPE by a hospital certified application counselor (CAC).
    - All applicants must:
      - meet the financial requirements of the DC Medicaid program
      - be a resident of the District
      - be a U.S. Citizen or meet qualified immigration status
  - Once an individual has been determined presumptively eligible for Medicaid then a full Medicaid application must be submitted in a timely manner.
    - It is the responsibility of the hospital to assist patients in the completion and submission of full Medicaid applications.

Hospital Based Presumptive Eligibility, cont'd.

- **HBPE Coverage Period**
  - The coverage period begins on the date on which a qualified hospital determines that an individual is presumptively eligible and ends with the earlier of—
    - The date a determination for regular Medicaid coverage is made, or
    - If no application is filed, presumptive eligibility period will end the last day of the following month from which the original presumptive eligibility determination was made.
  - Individuals are only eligible for one coverage period every two years.
- **What is covered?**
  - Individuals eligible for HBPE are eligible for all services covered under DC Medicaid.
  - If pregnant, then these individuals are only eligible for prenatal ambulatory services.

Medicaid Changes for Incarcerated Individuals and Returning Residents

- The Department of Health Care Finance in conjunction with the Department of Corrections (DOC), and the Economic Security Administration (ESA) will implement a process to utilize federal funds for inpatient hospital services received by District inmates in a hospital off the grounds of the correctional facility for at least 24 hours.
- Effective Early 2014
- Implementation of in-patient exception will allows inmates who are Medicaid beneficiaries to claim Medicaid FFP for in-patient hospitalization
- Process of creating policies and procedures to implement the in-patient exception as well as coordinated release planning for returning residents to apply and receive Health Care coverage

Medicaid Changes for Incarcerated Individuals and Returning Residents

- **WHO?**
  - To be eligible for this program, an inmate must meet **ALL** of the following criteria:
    - ❑ Is an inmate in a District jail
    - ❑ Received inpatient hospital services off the grounds of the correctional facility
    - ❑ Is Hospitalized for 24 hours or more
    - ❑ Meets all financial and non-financial Medicaid eligibility

- **HOW?**
  - For inmates who are Medicaid beneficiaries and who are admitted as inpatients for more than 24 hours, nothing more needs to be done. The claims related to their hospital stay will be automatically paid.
  - For inmates who are not Medicaid beneficiaries and who are admitted as inpatients for more than 24 hours, eligibility must be determined, presumptively or through the completion of a full Medicaid application, before claims will be paid.