

Table of Contents

State/Territory Name: District of Columbia

State Plan Amendment (SPA) #: 13-0017MM

This file contains the following documents in the order listed:

- 1.) **Approval Letter**
- 2.) **Summary Form (CMS 179)**
- 3.) **Superseding Pages Notice**
- 4.) **Approved SPA Pages**

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
150 S. Independence Mall West
Suite 216, The Public Ledger Building
Philadelphia, Pennsylvania 19106-3499



Region III/Division of Medicaid and Children's Health Operations

SWIFT #102520134027

NOV 22 2013

Dr. Linda Elam, Ph.D., MPH
Deputy Director/Medicaid and CHIP
Department of Health Care Finance
899 North Capitol Street, N.E. - Suite 6037
Washington, D.C. 20002

Dear Dr. Elam:

The Centers for Medicare & Medicaid Services (CMS) has completed its review of the District of Columbia's State Plan Amendment (SPA) 13-0017MM. This SPA clarifies the authority and responsibilities of the Single State Agency and its relationship to other Federal and State agencies, the fair hearings process, and the process for determining eligibility. We are pleased to inform you that this SPA is approved effective October 1, 2013.

Enclosed is a copy of the Summary Page (CMS 179), as well as, the approved A-1 through A-3 pages for incorporation into the District of Columbia's approved State Plan

We appreciate the cooperation and effort provided by your staff throughout this process. If you have any further questions regarding this SPA, please contact Sabrina Tillman-Boyd at 215-861-4721 or by email at Sabrina.Tillman-Boyd@cms.hhs.gov.

Sincerely,

Francis McCullough
Associate Regional Administrator

Enclosures

cc: Claudia Schlosberg, DHCF
M. Diane Fields, DHCF

Medicaid State Plan Eligibility: Summary Page (CMS 179)

**State/Territory
name:**

Dist. of Columbia

Transmittal Number:

Please enter the Transmittal Number (TN) in the format ST-YY-0000 where ST= the state abbreviation, YY = the last two digits of the submission year, and 0000 = a four digit number with leading zeros. The dashes must also be entered.

DC-13-0017

Proposed Effective Date

10/01/2013 (mm/dd/yyyy)

Federal Statute/Regulation Citation

42 C.F.R §§ 431.10, 431.11, 431.12, and 431.50

Federal Budget Impact

	Federal Fiscal Year	Amount
First Year	2014	\$ 0.00
Second Year	2015	\$ 0.00

Subject of Amendment

- A1 Designation and Authority (Admin authority)
- A2 State Plan Administration Organization and Administration (Admin authority)
- A3 State Plan Administration Assurances

Governor's Office Review

Governor's office reported no comment

Comments of Governor's office received

Describe:

No reply received within 45 days of submittal

Other, as specified

Describe:

B20-199, Budget Support Act of 2013

Signature of State Agency Official

Submitted By:

Diane Fields

Last Revision

Date:

Nov 20, 2013

Submit Date:

Sep 27, 2013

**SUPERSEDING PAGES OF
STATE PLAN MATERIAL**

TRANSMITTAL NUMBER:

DC-13-0017

STATE:

District of Columbia

**PAGE NUMBER OF THE PLAN SECTION OR
ATTACHMENT:**

A1 – A3

**COMPLETE PAGES
SUPERSEDED:**

Section 1, (pgs. 1-6)
Attachment 1.1A (pgs. 1-9)
Attachments A and B
Section 1 (pg. 7)
Attachment 1.2A (pg. 1)
Attachment 1.2 (pgs. 2-4)
Attachment 1.2B, (pgs. 1-8)
Attachment 1.2C (pgs. 1-3)
Section 1 (pg. 8)

**PARTIAL PAGES
SUPERSEDED:**

A2

Notwithstanding any other provisions of the Medicaid State Plan, the agencies designated in A2 will determine eligibility for coverage to the extent specified in A2.



Medicaid Administration

OMB Control Number 0938-1148
OMB Expiration date: 10/31/2014

State Plan Administration Designation and Authority	A1
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42 CFR 431.10

Designation and Authority

State Name:

As a condition for receipt of Federal funds under title XIX of the Social Security Act, the single state agency named below submits the following state plan for the medical assistance program, and hereby agrees to administer the program in accordance with the provisions of this state plan, the requirements of titles XI and XIX of the Act, and all applicable Federal regulations and other official issuances of the Department.

Name of single state agency:

Type of Agency:

- Title IV-A Agency
- Health
- Human Resources
- Other

Type of Agency

The above named agency is the single state agency designated to administer or supervise the administration of the Medicaid program under title XIX of the Social Security Act. (All references in this plan to "the Medicaid agency" mean the agency named as the single state agency.)

The state statutory citation for the legal authority under which the single state agency administers the state plan is:

The single state agency supervises the administration of the state plan by local political subdivisions.

Yes No

The certification signed by the state Attorney General identifying the single state agency and citing the legal authority under which it administers or supervises administration of the program has been provided.

The state plan may be administered solely by the single state agency, or some portions may be administered by other agencies.

The single state agency administers the entire state plan under title XIX (i.e., no other agency or organization administers any portion of it).

Yes No



Medicaid Administration

Waivers of the single state agency requirement have been granted under authority of the Intergovernmental Cooperation Act of 1968.

The waivers are still in effect.

Yes No

Enter the following information for each waiver:

Remove

Date waiver granted (MM/DD/YY):

The type of responsibility delegated is (check all that apply):

- Determining eligibility
- Conducting fair hearings
- Other

Name of state agency to which responsibility is delegated:

Describe the organizational arrangement authorized, the nature and extent of responsibility for program administration delegated to the above named agency, and the resources and/or services of such agency to be utilized in administration of the plan:

DHCF delegates its authority to conduct fair hearings to the Office of Administrative Hearings. The parties to this waiver acknowledge that DHCF delegates the authority to make final decisions regarding all applicant, beneficiary, and provider appeals cases as defined in the Memorandum of Understanding with OAH. The memorandum also defines the respective relationships between DHCF, ESA, and OAH, including implementation of 42 C.F.R. section 431, subpart E, and any quality control and oversight that is planned.

OAH acknowledges and agrees in writing that it will act as a neutral and impartial decision-maker on behalf of the Medicaid agency in adjudicating all Medicaid cases and that it will comply with all applicable federal and state laws, rules, regulations, policies, and guidance governing the Medicaid program.

DHCF retains oversight over the State Plan; the development and issuance of policies, rules, and regulations on program matters; and the entire appeals process, including the quality and accuracy of the final decisions rendered by OAH.

The methods for coordinating responsibilities among the agencies involved in administration of the plan under the alternate organizational arrangement are as follows:

DHCF will ensure that every applicant and beneficiary is informed, in writing, of the fair hearing process and how to contact OAH and how to obtain information about fair hearings from that agency. DHCF retains oversight of the State Plan and will establish a process to monitor the entire appeals process, including the quality and accuracy of the final decisions made by OAH.

Add

The agency that administers or supervises the administration of the plan under Title X of the Act as of January 1, 1965, has been separately designated to administer or supervise the administration of that portion of this plan related to blind individuals.



Medicaid Administration

The entity or entities that have responsibility for determinations of eligibility for families, adults, and for individuals under 21 are:

- The Medicaid agency
- Single state agency under Title IV-A (in the 50 states or the District of Columbia) or under Title I or XVI (AABD) in Guam, Puerto Rico, or the Virgin Islands
- An Exchange that is a government agency established under sections 1311(b)(1) or 1321(c)(1) of the Affordable Care Act

The entity that has responsibility for determinations of eligibility for the aged, blind, and disabled are:

- The Medicaid agency
- Single state agency under Title IV-A (in the 50 states or the District of Columbia) or under Title I or XVI (AABD) in Guam, Puerto Rico, or the Virgin Islands
- An Exchange that is a government agency established under sections 1311(b)(1) or 1321(c)(1) of the Affordable Care Act
- The Federal agency administering the SSI program

Indicate which agency determines eligibility for any groups whose eligibility is not determined by the Federal agency:

- Medicaid agency
- Title IV-A agency
- An Exchange

The entity or entities that have responsibility for conducting fair hearings with respect to denials of eligibility based on the applicable modified adjusted gross income standard are:

- Medicaid agency
- An Exchange that is a government agency established under sections 1311(b)(1) or 1321(c)(1) of the Affordable Care Act
- An Exchange appeals entity, including an entity established under section 1411(f) of the Affordable Care Act

The agency has established a review process whereby the agency reviews appeals decisions made by the Exchange or Exchange appeals entity or other state agency, but only with respect to conclusions of law, including interpretations of state or federal policies.

Yes No

State Plan Administration

A2

Organization and Administration

42 CFR 431.10

42 CFR 431.11

Organization and Administration

Provide a description of the organization and functions of the Medicaid agency.

The Department of Health Care Finance (DHCF) is the single State agency designated to administer or supervise the administration of the Medicaid program under title XIX of the Social Security Act. DHCF is the Department which is responsible for administering the District's Medicaid Program and is responsible for determining the eligibility policy and criteria, service coverage, and payment policies for the District's Medicaid and CHIP programs; for ensuring the District's health care programs maximize federal funding to finance health care services for the indigent; for developing effective methods for managing the utilization of health care services and the cost of care in the District programs; and for analyzing existing health care financing policies to ensure

Transmittal Number - 13-00-173M

Approval Date - 1/22/2013

Effective Date - 1/20/2013



Medicaid Administration

that they promise efficient, effective, and economical provisions of care.

The Executive Management Team provides management, policy direction, strategic and financial planning, public relations, and resource management for DHCF. The Executive Team controls and disseminates work assignments and coordinates DHCF operations to ensure the attainment of DHCF's goals and objectives.

The Senior Deputy Director, part of the Executive Management Team, supervises the four (4) administrations: Health Care Delivery Management; Health Care Policy & Research Administration; Health Care Operations Administration; and Health Care Reform & Innovation Administration, that comprise the Medicaid agency.

Health Care Delivery Management (HCDMA)

HCDMA ensures that health care delivered to people served by the District's Medicaid, CHIP and Alliance programs is safe, patient / family-centered, effective, timely, efficient and equitable. HCDMA accomplishes this through informed benefit design; use of prospective, concurrent and retrospective utilization management; ongoing program evaluation; and the application of continuous quality measurement and improvement practices. HCDMA's work encompasses preventive, acute, and chronic/long-term care services delivered through managed care and fee-for-service delivery systems.

Health Care Policy & Research Administration (HCPRA)

HCPRA has responsibility for maintaining the Medicaid and SCHIP State Plan which governs eligibility, scope of benefits, and reimbursement policies for the District's Medicaid and SCHIP Programs; developing policy for the administration of the Alliance and other health care programs for publicly funded enrollees that are administered or monitored by DCHF based on sound analysis of local and national healthcare and reimbursement policies and strategies; ensuring coordination and consistency among healthcare and reimbursement policies developed by the various Administrations within DCHF; and designing and conducting research and evaluations of health care programs.

Health Care Operations Administration (HCOA)

HCOA is responsible for the administration of programs that pertain to the payment of claims; management of the fiscal agent contract, management of the administrative contracts, management of the systems and provider enrollment and requirements. The office provides contract management of the Non-Emergency Transportation contract, the Pharmacy Benefits Manager, the Quality Improvement Organization contract, and the MMIS Fiscal Intermediary contract as well as additional administrative contracts.

Health Care Reform & Innovation Adm. (HCRIA)

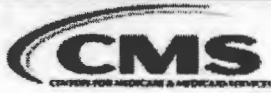
HCRIA is responsible for identifying, validating and disseminating information about new care models and payment approaches to serve Medicaid beneficiaries seeking to enhance the quality of health and health care and reducing cost through improvement. Creates and tests new models in clinical care, integrated care and community health, and creates and tests innovative payment and service delivery models, building collaborative learning networks to facilitate the collection and analysis of innovation, as well as the implementation of effective practices, and developing necessary technology to support this activity.

Upload an organizational chart of the Medicaid agency.

An attachment is submitted.

Provide a description of the structure of the state's executive branch which includes how the Medicaid agency fits in with other health, human service and public assistance agencies.

The executive branch of the District of Columbia consists of the Office of the Chief Financial Officer, the Mayor, and the Office of Inspector General. Pursuant to DC ST § 1-204.04(b), the Department of Health Care Finance (DHCF), the State Medicaid Agency, exists as a separate, cabinet-level agency, subordinate to the Mayor and the Office of the Deputy Mayor for Health and Human Services. The Office of the Deputy Mayor for Health and Human Services oversees DHCF and the following health, human services and public assistance agencies: the Department of Health, the Department of Human Services (which houses the Title IV-A agency), Child and Family Services Agency, the Department of Disability Services, the Office of Disability Rights, the Department of Mental Health, the Department of Youth Rehabilitation Services, Office of Aging, and the Department of Parks and Recreation.



Medicaid Administration

DHCF, under a Memorandum of Understanding (MOU) with the Department of Human Services (DHS), Economic Security Administration (ESA) (formerly known as IMA), a Title IV-A agency, establishes the conditions upon which ESA will determine the eligibility of individuals to receive benefits from or through the District's Medicaid Program and Child Health Insurance Program (CHIP) in accordance with the requirements of Title XIX and Title XXI of the Social Security Act, the DC Health Care Alliance Program (Alliance) and other locally funded programs as they are developed and approved.

DHCF, under a MOU with the Office of Administrative Hearing (OAH), delegates the authority to make final decisions regarding all Medicaid cases to OAH. The Office of Administrative Hearings, an independent agency, is an administrative court that was created in 2001 by the Council of the District of Columbia to provide centralized adjudication services for several District agencies.

Entities that determine eligibility other than the Medicaid Agency (if entities are described under Description and Authority)

Remove

Type of entity that determines eligibility:

- Single state agency under Title IV-A (in the 50 states or the District of Columbia) or under Title I or XVI (AABD) in Guam, Puerto Rico, or the Virgin Islands
- An Exchange that is a government agency established under sections 1311(b)(1) or 1321(c)(1) of the Affordable Care Act
- The Federal agency administering the SSI program

Provide a description of the staff designated by the entity and the functions they perform in carrying out their responsibility.

The Economic Security Administration (ESA) within the Department of Human Services (formerly known as IMA), a Title IV-A agency, determines eligibility for Medicaid benefits. ESA performs monitoring, quality control and reporting functions required by federal law and court orders.

Staff under the following Divisions within ESA performs the following functions related to Medicaid:

- The Division of Program Operations (DPO) determines eligibility for Medicaid benefits. Social Service Representatives within DPO carry out this function at intake, during periods of eligibility, and at renewal.
- The Division of Program Development and Training (DPDT) interprets policy directives from the Medicaid Agency and trains ESA staff in Medicaid eligibility policy and procedures.
- The Office of Quality Assurance and Analysis conducts monitoring studies regarding the accuracy and timeliness of Medicaid eligibility determinations.
- The Division of Information Systems maintains the electronic systems used to determine Medicaid eligibility, to pass eligibility information to the Medicaid Agency, and to provide data for monitoring eligibility determinations.
- The Division of Program Development and Training (DPDT) interprets policy directives from the Medicaid Agency, trains ESA staff in Medicaid eligibility policy and procedures, conducts informal reviews of eligibility based on appeals filed by customers, and represents the Medicaid Agency in hearings involving appeals of eligibility determinations.

ESA is responsible for the eligibility determinations of Modified Adjusted Gross Income (MAGI) Medicaid Groups (Adult group, Pregnant women, Parent/caretaker, and Children) and Non-MAGI Medicaid Groups (Aged, blind, disabled (excluding SSI), Medically needy, Long-term care and supports, and Medicare cost sharing).

Remove

Type of entity that determines eligibility:

- Single state agency under Title IV-A (in the 50 states or the District of Columbia) or under Title I or XVI (AABD) in Guam, Puerto Rico, or the Virgin Islands
- An Exchange that is a government agency established under sections 1311(b)(1) or 1321(c)(1) of the Affordable Care Act
- The Federal agency administering the SSI program



Medicaid Administration

Provide a description of the staff designated by the entity and the functions they perform in carrying out their responsibility.

Pursuant to a 1634 agreement, the Social Security Administration determines Medicaid eligibility for Supplemental Income recipients.

Add

Entities that conduct fair hearings other than the Medicaid Agency (if are described under Designation and Authority)

Remove

Type of entity that conducts fair hearings:

- An Exchange that is a government agency established under sections 1311(b)(1) or 1321(c)(1) of the Affordable Care Act
- An Exchange appeals entity, including an entity established under section 1411(f) of the Affordable Care Act

Provide a description of the staff designated by the entity and the functions they perform in carrying out their responsibility.

Add

Supervision of state plan administration by local political subdivisions (if described under Designation and Authority)

Is the supervision of the administration done through a state-wide agency which uses local political subdivisions?

- Yes No

The types of the local subdivisions that administer the state plan under the supervision of the Medicaid agency are:

- Counties
- Parishes
- Other

Are all of the local subdivisions indicated above used to administer the state plan?

- Yes No

State Plan Administration

Assurances

A3

42 CFR 431.10
42 CFR 431.12
42 CFR 431.50

Assurances

- The state plan is in operation on a statewide basis, in accordance with all the requirements of 42 CFR 431.50.
- All requirements of 42 CFR 431.10 are met.
- There is a Medical Care Advisory Committee to the agency director on health and medical services established in accordance with meeting all the requirements of 42 CFR 431.12.



Medicaid Administration

- The Medicaid agency does not delegate, to other than its own officials, the authority to supervise the plan or to develop or issue policies, rules, and regulations on program matters.

Assurance for states that have delegated authority to determine eligibility:

- There is a written agreement between the Medicaid agency and the Exchange or any other state or local agency that has been delegated authority to determine eligibility for Medicaid eligibility in compliance with 42 CFR 431.10(d).

Assurances for states that have delegated authority to conduct fair hearings:

- There is a written agreement between the Medicaid agency and the Exchange or Exchange appeals entity that has been delegated authority to conduct Medicaid fair hearings in compliance with 42 CFR 431.10(d).
- When authority is delegated to the Exchange or an Exchange appeals entity, individuals who have requested a fair hearing are given the option to have their fair hearing conducted instead by the Medicaid agency.

Assurance for states that have delegated authority to determine eligibility and/or to conduct fair hearings:

- The Medicaid agency does not delegate authority to make eligibility determinations or to conduct fair hearings to entities other than government agencies which maintain personnel standards on a merit basis.

PRA Disclosure Statement

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-1148. The time required to complete this information collection is estimated to average 40 hours per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.