



DC Coalition on Long-Term Care

July 25, 2023

Melisa Byrd
Senior Deputy and State Medicaid Director
Department of Health Care Finance
441 4th Street, NW
Washington, DC. 20010

Dear Melisa:

On behalf of the DC Coalition on Long-Term Care, allow me to express our appreciation for all the information that DHCF is sharing about the Medicaid renewal process and progress made to date. The many public meetings, trainings and the renewal dashboard are extremely informative. We recognize the restart of renewals presents unprecedented challenges and that DHCF staff is committed to keeping DC residents connected to their Medicaid benefits.

Unfortunately, the information shared to date is showing that even with the ability to process a majority of renewals through the passive renewal pathway, a significant number of Medicaid beneficiaries are not responding to renewal notices or have not been able to complete the process timely. This is not unique to the District of Columbia, but it is nevertheless very concerning. According to DHCF's own data, as of June 15, 2023, of the 71,087 Medicaid beneficiaries with Medicaid certification end dates on or before August 31, 2023, over 50% were at risk of termination due to non-response.¹ More recent data shared at the July 19, 2023 Medicaid Renewal Community Meeting shows that of 2,200 people with disabilities and adults age 65+ due to recertify by the end of June, 1,200 (55%) failed to respond to the renewal

¹ DC Department of Health Care Finance Eligibility Monitoring Dashboard: Medicaid Unwinding Report and Related Data, last updated June 15, 2023, available at <https://app.powerbigov.us/view?r=eyJrIjoiMjg0MzBmYmUtMzY1NS00Y2U5LWlxZTQtZjNlZTQwZmFmZWY2IiwidCI6IjhmZTQ0OWYxLThiOTQtNGZiNy05OTA2LTZmOTM5ZGE4MmQ3MyJ9>.

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notices and faced termination. For people with disabilities and adults age 65+ with renewals due July 31, 1,500 faced termination. This group of 1,500 includes ~300 beneficiaries in EPD waiver and ~200 nursing home residents.

To avoid a high rate of procedural terminations, DHCF responded by extending eligibility for 30 days for those facing termination on June 30 and July 31. While the extension of Medicaid eligibility for an additional 30 days is welcome and greatly appreciated, without additional changes to the process, it is unlikely to address the underlying reasons for the low response rate. Further, as Katherine Rogers explained at our last Long-term Care Coalition meeting, these extensions are designed only to give beneficiaries additional time to complete the renewal process. While Medicaid eligibility is technically extended, the extensions do not apply to prior authorizations. This means that claims submitted by EPD waiver providers who are providing needed, on-going services during the extension period will not be paid. This places additional financial stress on providers such as home health agencies, assisted living providers and adult day health programs and places affected beneficiaries at risk of being discharged for non-payment, which in many cases is due to no fault of their own. Case managers at our meeting reported that their clients already are receiving 30-day advance notices of discharge for non-payment. This sets up an even greater challenge as without the ability to reestablish Medicaid eligibility, the affected beneficiaries will be left with no services.

Accordingly, following discussion among members, the DC Coalition on Long-term Care is offering the following recommendations with the goal of increasing the renewal closure rate, particularly for the most vulnerable beneficiaries enrolled in the EPD Waiver:

1. To ensure beneficiaries continue to receive ongoing, needed services pending the processing of a renewal application, **DHCF should extend prior authorizations when Medicaid eligibility is extended**. This is necessary to ensure that beneficiaries are not subjected to involuntary discharge for non-payment due to no fault of their own and will ensure continuity of care.
2. **Address the issue of non-performing case managers** – While there are many hard working and conscientious case managers, we know some are not. The problems associated with non-performance are not new. Non-performing case managers who do not complete the minimum required contacts, fail to create PCSPs, fail to request PAs and do not complete renewal forms (without good cause) should be given notice and terminated from Medicaid for non-performance. We believe there are a variety of ways to connect beneficiaries to a new case manager without violating the beneficiary's right to freedom of choice. For example:
 - a. Beneficiaries could be notified and asked to choose another case management agency, or

- b. Beneficiaries could be notified, auto-assigned to another agency and then, given the opportunity to make an alternative choice within a specified period of time.
 - c. DHCF could use unused ARPA funds to establish a specialized back up team of case managers within DACL or within DHCF that can provide temporary case management services or, like the Department of Disability Services, provide on-going case management services for a portion of enrolled beneficiaries.² Again, beneficiaries assigned to this unit due to non-performance of their assigned case manager could be notified and given the opportunity to change case management agencies within a specified timeframe.
3. **Expand pathways for individuals on the waiver to complete needed paperwork and give other assisters and authorized representatives access to the DC Direct Partner Portal.** Currently, as the DCAS system is configured, the only pathway to completing the renewal process for someone receiving long-term care services and supports is by submitting the renewal forms through the DC Direct Partner Portal. By design, DHCF has limited access to the Partner Portal to hospitals, ICF/IDs, nursing homes, the Dual Choice MCO, our new PACE provider and EPD Waiver case managers. DHCF has insisted that for EPD waiver participants, completing the renewal form and uploading it into DC Direct is exclusively the case manager's role and that no other "assisters" can access the Partner Portal. This position not only limits who can help beneficiaries complete the process, but it is contrary to federal regulations which state that "the agency must allow individual(s) of the applicant or beneficiary's choice to assist in the application process or during a renewal of eligibility." 42 CFR §435.908(b). Further, the agency must permit applicants and beneficiaries to designate an individual or organization to act as an authorized representative. An authorized representative, which may be a provider, must be able to act on behalf of the applicant or beneficiary in all matters with the agency including completing and submitting renewal forms. 42 CFR §435.923.³
4. **Redesign the eligibility forms.** The current renewal application is 44 pages. For those receiving long-term care services and supports, there is an additional 18-page supplemental long-term care form that requires the beneficiary to re-enter information that was already entered on the 44-page form. This creates additional work as well as opportunity for error. While we acknowledge that DHCF is required to collect a lot of information to make an eligibility determination, these forms are too long and too complicated.

² Katherine shared that renewals for the DD/IDD waiver beneficiaries all have been completed timely. All DDS case managers are employees of the agency.

³ DHCF has stated that allowing providers to help beneficiaries complete and submit application and renewal forms would be a conflict of interest. We checked with the Centers for Medicare and Medicaid, and they did not see a conflict of interest. Providers are not conducting LOC assessments and have no authority to determine eligibility. When a provider is simply assisting a beneficiary to complete and submit forms needed to apply for or retain benefits, there is no conflict of interest.

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5. To reduce delays in scheduling and obtaining LOC assessments, **allow assessments to be conducted virtually. DHCF could continue to offer face-to-face assessments for new applicants or when there is a special need or request for a face-to-face assessment**, but most assessments can be conducted virtually. A wide variety of stakeholders including advocacy organizations, providers and case managers support a return to virtual assessments, especially for renewals.
6. At least during this initial renewal period, consider **allowing ePOFs to be approved even if they have technical errors.**

Again, we wish to express our appreciation for the hard work of DHCF staff and particularly the work of Katherine Rogers and her team in the Long-Term Care Administration. We welcome the opportunity to discuss our recommendations with you and to working collaboratively to find creative solutions to improve the renewal process and keep eligible District residents connected to their Medicaid benefits.

Best regards,



Claudia Schlosberg
Interim Convenor
DC Coalition on Long-Term Care

CC: Katherine Rogers, Director
Long-Term Care Administration, DHCF

Honorable Christina Henderson
Chair, Committee on Health
Council of the District of Columbia