

## **Table of Contents**

**State Name:** Washington, D.C.

**State Plan Amendment (SPA) #:** 14-0001MM

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS 179 Form/Summary Form (with 179-like data)
- 3) 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**

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SWIFT # 040220144073

**MAY 19 2014**

Claudia Schlosberg, J.D.  
Acting Senior Deputy Director/State Medicaid Director  
Department of Health Care Finance  
441 4<sup>th</sup> Street, N.W., 9<sup>th</sup> Floor  
Washington, D.C.

Dear Ms. Schlosberg:

The Centers for Medicare & Medicaid Services (CMS) has completed its review of Washington, D.C.'s State Plan Amendment (SPA) 14-0001MM. SPA 14-0001MM proposes that one or more qualified hospitals determine presumptive eligibility under 42 Code of Federal Regulations §435.1100 and Washington, D.C. provides Medicaid coverage for individuals determined presumptively eligible.

This SPA is acceptable. Therefore, we are approving SPA 14-0001MM with an effective date of January 1, 2014. Enclosed is a copy of the CMS Summary Page (CMS-179 form) and the approved State Plan pages for S21.

We appreciate the cooperation and effort provided by your staff throughout this process. If you have further questions about this SPA, please contact Kia Banton of my staff at 215-861-4252 or by email at [Kia.Banton@cms.hhs.gov](mailto:Kia.Banton@cms.hhs.gov).

Sincerely,

/s/

  
Francis McCullough  
Associate Regional Administrator

Enclosures

## Medicaid State Plan Eligibility: Summary Page (CMS 179)

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**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-14-0001

**Proposed Effective Date**

01/01/2014 (mm/dd/yyyy)

**Federal Statute/Regulation Citation**

42 CFR 435.1110

**Federal Budget Impact**

|             | Federal Fiscal Year | Amount        |
|-------------|---------------------|---------------|
| First Year  | 2014                | \$ 6300000.00 |
| Second Year | 2015                | \$ 9600000.00 |

**Subject of Amendment**

Presumptive eligibility determinations by hospitals.

**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

**Signature of State Agency Official**

**Submitted By:**

**Diane Fields**

**Last Revision Date:**

**May 14, 2014**

**Submit Date:**

**Mar 21, 2014**



# Medicaid Eligibility

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

## Presumptive Eligibility by Hospitals

S21

42 CFR 435.1110

One or more qualified hospitals are determining presumptive eligibility under 42 CFR 435.1110, and the state is providing Medicaid coverage for individuals determined presumptively eligible under this provision.

Yes     No

The state attests that presumptive eligibility by hospitals is administered in accordance with the following provisions:

A qualified hospital is a hospital that:

Participates as a provider under the Medicaid state plan or a Medicaid 1115 Demonstration, notifies the Medicaid agency of its election to make presumptive eligibility determinations and agrees to make presumptive eligibility determinations consistent with state policies and procedures.

Has not been disqualified by the Medicaid agency for failure to make presumptive eligibility determinations in accordance with applicable state policies and procedures or for failure to meet any standards that may have been established by the Medicaid agency.

Assists individuals in completing and submitting the full application and understanding any documentation requirements.

Yes     No

The eligibility groups or populations for which hospitals determine eligibility presumptively are:

Pregnant Women

Infants and Children under Age 19

Parents and Other Caretaker Relatives

Adult Group, if covered by the state

Individuals above 133% FPL under Age 65, if covered by the state

Individuals Eligible for Family Planning Services, if covered by the state

Former Foster Care Children

Certain Individuals Needing Treatment for Breast or Cervical Cancer, if covered by the state

Other Family/Adult groups:

Eligibility groups for individuals age 65 and over

Eligibility groups for individuals who are blind

Eligibility groups for individuals with disabilities

Other Medicaid state plan eligibility groups

Demonstration populations covered under section 1115

Describe:



# Medicaid Eligibility

The state establishes standards for qualified hospitals making presumptive eligibility determinations.

Yes  No

Select one or both:

- The state has standards that relate to the proportion of individuals determined presumptively eligible who submit a regular application, as described at 42 CFR 435.907, before the end of the presumptive eligibility period.

Description of standards:

The District has established the following standards:

90% of presumptively eligible determinations must result in the submission of a full Medicaid application no later than 5 days from the date of the visit or prior to discharge, whichever is later.

- The state has standards that relate to the proportion of individuals who are determined eligible for Medicaid based on the submission of an application before the end of the presumptive eligibility period.

Description of standards:

The District has established the following standards:

85% of individuals determined eligible under hospital based presumptive eligibility are determined eligible under full Medicaid.

- The presumptive period begins on the date the determination is made.

- The end date of the presumptive period is the earlier of:

The date the eligibility determination for regular Medicaid is made, if an application for Medicaid is filed by the last day of the month following the month in which the determination of presumptive eligibility is made; or

The last day of the month following the month in which the determination of presumptive eligibility is made, if no application for Medicaid is filed by that date.

- Periods of presumptive eligibility are limited as follows:

No more than one period within a calendar year.

No more than one period within two calendar years.

No more than one period within a twelve-month period, starting with the effective date of the initial presumptive eligibility period.

Other reasonable limitation:

The state requires that a written application be signed by the applicant, parent or representative, as appropriate.

Yes  No

The state uses a single application form for Medicaid and presumptive eligibility, approved by CMS.

The state uses a separate application form for presumptive eligibility, approved by CMS. A copy of the application form is included.

**An attachment is submitted.**



# Medicaid Eligibility

- The presumptive eligibility determination is based on the following factors:
  - The individual's categorical or non-financial eligibility for the group for which the individual's presumptive eligibility is being determined (e.g., based on age, pregnancy status, status as a parent/caretaker relative, disability, or other requirements specified in the Medicaid state plan or a Medicaid 1115 demonstration for that group)
  - Household income must not exceed the applicable income standard for the group for which the individual's presumptive eligibility is being determined, if an income standard is applicable for this group.
  - State residency
  - Citizenship, status as a national, or satisfactory immigration status
- The state assures that it has communicated the requirements for qualified hospitals, and has provided adequate training to the hospitals. A copy of the training materials has been included.

**An attachment is submitted.**

## 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.

## Application for Presumptive Eligibility Medicaid

Use this form to find out if you qualify for presumptive eligibility Medicaid in the District of Columbia. If you meet the eligibility requirements for Medicaid, presumptive eligibility offers you and your family immediate access to health care while you apply for regular Medicaid or other health coverage.

To find out if you qualify for full Medicaid or other health coverage, you must complete the DC Health Link application. Go online to [DCHealthLink.com](http://DCHealthLink.com), call DC Health Link Customer Service toll-free at (855) 532-5465/TTY (855) 532-5465, go to any ESA Service Center (call DC Health Link Customer Service for the nearest service center), or fax a completed DC Health Link application to (202) 671-4400.

**While you wait to learn if you qualify for full Medicaid or other health coverage, you can get your health services through presumptive eligibility for Medicaid.**

### Who can qualify for presumptive eligibility for Medicaid?

You can qualify for presumptive eligibility Medicaid if you meet all of these rules:

- Your income is below the monthly Medicaid limit
- You are a U.S. citizen, U.S. national, or have eligible immigrant status
- You do not already have Medicaid
- You have not had presumptive eligibility Medicaid in the District of Columbia within the past two (2) years. Or, if you are pregnant, you have not had presumptive eligibility Medicaid during this pregnancy.
- You are in one of the groups that qualifies for presumptive eligibility Medicaid:
  - Children under age 21
  - Parents and caretaker relatives
  - Pregnant women
  - Adults without dependent children age 21-64
  - People under age 26 who were in foster care at age 18 (no income limit)
  - Women under age 64 in treatment for breast and cervical cancer (no income limit)

### Need help with your application?

Ask your hospital representative or call DC Health Link at 1 (855) 532-5465. Para obtener una copia de este formulario en Español, llame 1 (855) 532-5465. If you need help in a language other than English, call 1 (855) 532-5465 and tell the customer service representative the language you need. We'll get you help at no cost to you. TTY users should call 1(855) 532-5465.

Name (first, middle, last)

Home address (Check here if you are homeless  )

City

State

ZIP code

Mailing address (if different from home address)

Phone number (if you have one)

Email address (if you have one)

Social Security Number (optional) Check here if you do not have or do not know your Social Security Number

## Tell us about your family

2

List yourself and the members of your immediate family who live with you. Include your spouse and the children under age 19 whom you care for. If you are under 19, include yourself, your parents, and siblings if they live with you. **Do not list** other relatives or friends even if they live with you.

| Name<br>(first, middle, last) | Date of birth<br>(XX/XX/<br>XXXX) | Relationship<br>to you | Applying for<br>presumptive<br>eligibility for<br>Medicaid?<br>(Yes or No) | Already has<br>Medicaid?<br>(Yes or No) | U.S. Citizen, U.S. National, or<br>have eligible immigrant<br>status? (Yes only)<br>If the answer is No, leave<br>this section blank) | Resident of the<br>District of<br>Columbia?<br>(Yes or No) |
|-------------------------------|-----------------------------------|------------------------|--|---|---|--|
| (Same as above)               |                                   | (Self)                 |  |   |   |  |
|                               |                                   |                        |  |   |   |  |
|                               |                                   |                        |  |   |   |  |
|                               |                                   |                        |  |   |   |  |
|                               |                                   |                        |  |   |   |  |
|                               |                                   |                        |  |   |   |  |
|                               |                                   |                        |  |   |   |  |



**Questions?** Ask your hospital representative, Visit [DCHealthLink.com](http://DCHealthLink.com) or call us at 1-855-532-5465. Para obtener una copia de este formulario en Español, llame 1-855-532-5465. If you need help in a language other than English, call 1-855-532-5465 and tell the customer service representative the language you need. We'll get you help at no cost to you. TTY users should call

### 3

## Other questions

Answer these questions for yourself and your family members listed in Section 2. Your answers will make it easier to find out if you and any family members qualify for presumptive eligibility Medicaid.

Is anyone pregnant, even if she is **not applying for presumptive eligibility Medicaid**?  Yes  No

If yes, who? (first, middle, last) \_\_\_\_\_ How many babies does she expect? \_\_\_\_\_

Is anyone who is **applying for presumptive eligibility Medicaid** a parent or caretaker relative of a child under age 19?  Yes  No  
For example, a grandparent who is the main person taking care of a child.

If yes, who? (first, middle, last) \_\_\_\_\_

Was anyone who is **applying for presumptive eligibility Medicaid** in D.C. foster care and enrolled in D.C. Medicaid at age 18 or older?  Yes  No

If yes, who? (first, middle, last) \_\_\_\_\_

Is anyone who is applying for **presumptive eligibility Medicaid** being treated for breast or cervical cancer?  Yes  No

If yes, who? (first, middle, last) \_\_\_\_\_

### 4

## Tell us about your family's income

Write the total income before taxes are taken out for all family members listed in Section 2.

#### ▼ Countable Income includes:

- Wages, salaries, tips, and other earnings from a job
- Income from a business or self-employment (may subtract certain business related expenses)
- Unemployment benefits
- Farming or fishing income (may subtract certain business related expenses)
- Taxable investment income, such as taxable interest, dividends, and taxable refunds
- Credits or offsets of state and local income taxes
- Capital gains, IRA distributions
- Pensions and annuities
- Income from real estate rentals or royalties, such a copyright or patent
- Income from partnerships, S corporations, trusts
- Foreign earned income for Americans living abroad

Amount \$ \_\_\_\_\_ Write in the total monthly household income received from the sources listed above for all family members listed in section 2.

### 5

## Tell us about your current insurance information

Are you or any of your family members listed in section 2 currently enrolled in health insurance?

Yes  No

If yes, who? (first, middle, last) \_\_\_\_\_

What is the name of the health insurance? \_\_\_\_\_

Policy Number \_\_\_\_\_

### 6

## Sign this form here

By signing, you are swearing that everything you wrote on this form is true as far as you know. We will keep your information secure and private.

Your signature: \_\_\_\_\_

Date: \_\_\_\_\_



## Questions?

Ask your hospital representative, Visit DCHealthLink.com or call us at 1-855-532-5465. Para obtener una copia de este formulario en Español, llame 1-855-532-5465. If you need help in a language other than English, call 1-855-532-5465 and tell the customer service representative the language you need. We'll get you help at no cost to you. TTY users should call

# 7

## The Presumptive Eligibility Determination

FOR CERTIFIED APPLICATION COUNSELOR USE ONLY

Identify and Circle which of the 4 below groups matches the information from the patient's Application

| GROUP        | Pregnant Women | Child under Age 19 | Individuals Age 19-20 | Parents and Other Caretaker Relatives | Childless Adults (age 19-64) |
|--------------|----------------|--------------------|-----------------------|---------------------------------------|------------------------------|
| STANDARD FPL | 324% FPL       | 324% FPL           | 221%                  | 221% FPL                              | 215%                         |

Applicant's Standard FPL (from above chart) \_\_\_\_\_

Applicant's Household Size (from Section 2 of application) \_\_\_\_\_

| Standard FPL | Household Size =1 Standard Income | Household Size = 2 Standard Income | Household Size = 3 Standard Income | Household Size = 4 Standard Income | For Larger Household Sizes Refer to Provider Handbook |
|--------------|-----------------------------------|------------------------------------|------------------------------------|------------------------------------|---|
| 215%         | \$2,091                           | \$2,818                            | \$3,546                            | \$4,273                            |   |
| 221%         | \$2,149                           | \$2,897                            | \$3,645                            | \$4,392                            |   |
| 324%         | \$3,151                           | \$4,247                            | \$5,343                            | \$6,440                            |   |

### INCOME ELIGIBILITY DETERMINATION

1. Applicant **STANDARD INCOME** (Income limit from above chart) \$ \_\_\_\_\_

2. Applicant **MONTHLY HOUSEHOLD INCOME** (Section 4 of this application) \$ \_\_\_\_\_

Is **STANDARD INCOME** more than **MONTHLY HOUSEHOLD INCOME**? YES  NO

If YES, individual is eligible for presumptive eligibility based on the circled category above.

If NO, individual is not eligible for presumptive eligibility based on income

### FORMER FOSTER CARE CHILD ELIGIBILITY DETERMINATION

3. Applicant is AGE 18-25 YES  NO

4. Applicant was a ward of the D.C. foster care system at age 18 or older YES  NO

5. Applicant was enrolled in D.C. Medicaid at age 18 or at the time of aging out of foster care? YES  NO

All answers must be YES for individual to be eligible for presumptive eligibility based on former foster care status.

If any answer is NO, individual is not eligible for presumptive eligibility based on former foster care status.

### BREAST CERVICAL CANCER ELIGIBILITY DETERMINATION (Breast and Cervical Cancer Early Detection Program - BCCEDP)

6. Applicant has been screened for breast or cervical cancer by a BCCEDP? YES  NO

7. Applicant is under AGE 65? YES  NO

All answers must be YES for individual to be eligible for presumptive eligibility based on breast and cervical cancer treatment.

If any answer is NO, individual is not eligible for presumptive eligibility based on breast and cervical cancer treatment.

APPLICANT ATTESTED TO DISTRICT RESIDENCY YES  NO

APPLICANT ATTESTED TO CITIZENSHIP OR ELIGIBLE IMMIGRATION STATUS YES  NO

### DETERMINATION

ELIGIBLE  INELIGIBLE  Reason: \_\_\_\_\_

You MUST provide the applicant with the appropriate letter of eligibility or ineligibility for Presumptive Eligibility Medicaid

CAC Signature \_\_\_\_\_ CAC Printed Name \_\_\_\_\_

QUALIFIED HOSPITAL NAME/ADDRESS \_\_\_\_\_ DATE \_\_\_\_\_

CAC EMAIL ADDRESS \_\_\_\_\_



## Questions?

Ask your hospital representative, Visit DCHealthLink.com or call us at 1-855-532-5465. Para obtener una copia de este formulario en Español, llame 1-855-532-5465. If you need help in a language other than English, call 1-855-532-5465 and tell the customer service representative the language you need. We'll get you help at no cost to you. TTY users should call

## 8

## If you qualify for presumptive eligibility Medicaid, what happens next?

- **You can start using your presumptive eligibility for Medicaid coverage right away** for services such as doctor visits, hospital care, and prescription drugs. You can go to any health care provider who accepts Medicaid, starting the day you are approved.
- To start using your presumptive eligibility for Medicaid, the hospital will give you a letter with your Medicaid number on it saying you are approved. Use the letter to get services until you get a card in the mail. The Medicaid card should arrive within 5 business days. If you lose the letter, you can call DC Health Link Customer Service at 1-855-532-5465 to obtain your Medicaid number.
  - If the letter says you qualify for presumptive eligibility for Medicaid because you are pregnant, you can get care at outpatient clinics or other places in the community. **For pregnant women, presumptive eligibility for Medicaid will not cover the cost if you are admitted to a hospital.**
- If you do not fill out and send the DC Health Link application to see if you qualify for full Medicaid or other health coverage, your presumptive eligibility for Medicaid coverage will end on the last day of the month after the month you are approved.
 

For example, if you qualified for presumptive eligibility for Medicaid in January, it will end on the last day of February.
- To see if you qualify for full Medicaid or other health coverage, you must complete the DC Health Link application. Go online to [DCHealthLink.com](http://DCHealthLink.com), call DC Health Link Customer Service toll-free at (855) 532-5465/TTY (855) 532-5465, go to any ESA Service Center (call DC Health Link Customer Service for the nearest service center), or fax a completed DC Health Link application to (202) 671-4400.

The hospital will give you an application and assist you with completing it.

## 9

## If you do not qualify for presumptive eligibility Medicaid, what happens next?

You will get a letter from the hospital saying you were not approved. You cannot appeal the hospital's decision. BUT, you can still apply for full Medicaid or other health coverage using the DC Health Link application.

Go online to [DCHealthLink.com](http://DCHealthLink.com), call DC Health Link Customer Service toll-free at (855) 532-5465/TTY (855) 532-5465, go to any ESA Service Center (call DC Health Link Customer Service for the nearest service center), or fax a completed DC Health Link application to (202) 671-4400.



### Questions?

Ask your hospital representative, Visit [DCHealthLink.com](http://DCHealthLink.com) or call us at 1-855-532-5465. Para obtener una copia de este formulario en Español, llame 1-855-532-5465. If you need help in a language other than English, call 1-855-532-5465 and tell the customer service representative the language you need. We'll get you help at no cost to you. TTY users should call

### Qualified Immigration Status Chart

| For all applicants, these are eligible immigration statuses:  | If the person is an individual under the age of 21 or a pregnant woman, these are additional eligible immigration statuses:  |
|---|--|
| <ul style="list-style-type: none"> <li>▪ Lawful Permanent Resident (LPR, or "Green card" holder)</li> <li>▪ Asylee</li> <li>▪ Refugee</li> <li>▪ Cuban or Haitian entrant</li> <li>▪ Individual paroled into the U.S. for at least one year</li> <li>▪ Conditional entrant granted before 1980</li> <li>▪ Battered spouse, child and parent</li> <li>▪ Victim of Trafficking and his/her spouse, child, sibling or parent</li> <li>▪ Individual granted Withholding of Deportation or Withholding of Removal</li> <li>▪ Amerasian Immigrant</li> <li>▪ Iraqi and Afghan Special Immigrants</li> <li>▪ Member of a federally-recognized Indian tribe or American Indian Born in Canada</li> <li>▪ Veterans or individuals on active duty in the Armed Forces and their immediate family members</li> </ul> | <ul style="list-style-type: none"> <li>▪ Individual with Non-immigrant Status (includes worker visas, student visas, and citizens of Micronesia, the Marshall Islands, and Palau)</li> <li>▪ Individual with Temporary Protected Status (TPS) or Applicant for Temporary Protected Status (TPS) (with Employment Authorization)</li> <li>▪ Individuals with Deferred Enforced Departure (DED)</li> <li>▪ Family Unity beneficiary</li> <li>▪ Individual with Deferred Action Status</li> <li>▪ (Except Individual with Deferred Action for Childhood Arrivals (DACA). DACA is not an eligible immigration status) Applicant for Special Immigrant Juvenile Status</li> <li>▪ Applicant for Adjustment to LPR Status</li> <li>▪ Applicant for Asylum</li> <li>▪ Applicant for Withholding of Deportation or Withholding of Removal, under the immigration laws or under the Convention against Torture (CAT)</li> <li>▪ Applicant who has filed for creation of record of lawful admission for permanent residence (Registry Applicants) (with Employment Authorization)</li> <li>▪ Individual released on an order of Supervision (with Employment Authorization)</li> <li>▪ Applicant for Cancellation of Removal or Suspension of Deportation (with Employment Authorization)</li> <li>▪ Applicant for Legalization under IRCA (with Employment Authorization)</li> <li>▪ Legalization under the LIFE Act (with Employment Authorization)</li> <li>▪ Individual Lawfully Admitted with Temporary Resident Status</li> <li>▪ Resident of American Samoa</li> <li>▪ Individual granted administrative order staying removal issued by the Department of Homeland Security</li> </ul> |



### Questions?

Ask your hospital representative, Visit [DCHHealthLink.com](http://DCHHealthLink.com) or call us at 1-855-532-5465. Para obtener una copia de este formulario en Español, llame 1-855-532-5465. If you need help in a language other than English, call 1-855-532-5465 and tell the customer service representative the language you need. We'll get you help at no cost to you. TTY users should call



# Hospital Based Presumptive Eligibility Online Training Course for Certified Application Counselors

Makenzie McIntosh & Katherlyne Lawrence  
Program Analysts  
Division of Eligibility Policy  
Department of Health Care Finance



## Topics to Learn

- **Part One: HBPE Overview**
- **Part Two: Eligible Individuals**
- **Part Three: The Eligibility Determination Process**
- **Part Four: The Full Medicaid Application**
- **Part Five: Pregnant Woman Hospital Based Presumptive Eligibility**
- **Part Six: Compliance**



# Part One: HBPE Overview



## Hospital Based Presumptive Eligibility (HBPE)



### How does HBPE Work?

A patient provides basic information regarding financial and non-financial eligibility requirements. If the attested information is below Medicaid income standards for their category and the applicant meets citizenship and District residency requirements, then the qualified hospital can determine the individual "presumptively eligible" for Medicaid.



## Hospital Based Presumptive Eligibility (HBPE)

### What is HBPE?

- Under HBPE, Qualified Hospitals may elect to make presumptive eligibility determinations for certain qualified populations provided that the hospital complies with DHCf established policies and procedures for hospital based presumptive eligibility.
- A patient's eligibility for HBPE will be determined based on their self-attestations of financial and non-financial eligibility factors under DC Medicaid. Self-attested means that all eligibility factors must be attested to by the applicant, without requesting verification documentation from the applicant.



# Hospital Based Presumptive Eligibility (HBPE)

## Where is HBPE offered?

A person can apply for HBPE during a visit to a Qualified Hospital. Qualified Hospitals may determine an individual to be presumptively eligible for Medicaid.

## A Qualified Hospital:

- Must be a hospital enrolled as a District of Columbia Medicaid provider.
- Must notify the Medicaid agency of its decision to elect to make presumptive eligibility determinations.
- Agrees to make determinations in compliance with established state Medicaid policies.
- Assists individuals with the completion of full Medicaid applications.
- Must not be disqualified by the governing agency.



# Hospital Based Presumptive Eligibility



## What is the duration of coverage under HBPE?

### Coverage under HBPE begins

- On the date of the presumptive eligibility determination

### Coverage under HBPE ends on the earlier of

- The date a determination for full Medicaid has been made; or
- If no Medicaid application is filed, then coverage will end on the last day of the following month from which the original presumptive eligibility determination was made.



## Part Two: Eligible Individuals



# Eligible Individuals



## Which population categories are eligible for HBPE?

Pregnant Women

Infants and Children  
(Ages 0-20)

Parents and Other  
Caretaker Relatives

Childless Adults  
(Ages 21-64)

Former Foster Care  
Children

Certain Individuals  
Needing Treatment  
for Breast or Cervical  
Cancer



## Eligibility Factors



To be eligible for HBPE  
ALL applicants **MUST** meet the non-  
financial and financial eligibility  
requirements of each population  
category.



## Financial Eligibility Factors



### What are *Financial Eligibility Factors*?

An individual must meet certain income levels in order to be eligible under DC Medicaid standards. Eligibility is based on the monthly gross income for the individual's household, which is the monthly income before taxes.



## Financial Eligibility Factors



### ***WHAT IS MONTHLY GROSS INCOME?***

Income that a person earns within a month. Income includes income that is earned as well as unearned.

Below are examples of monthly gross income that should be included in the application:

- Income from work (before taxes)
- Social Security Disability
- Railroad Retirement
- Civil Service Annuity
- Pension, Retirement, or Disability Income
- Rental Income
- Mortgage Income
- Dividends or Interest Earnings
- Alimony
- Self-Employment Income
- Unemployment
- Annuity Income
- Union Benefits
- Compensation from a Legal Settlement
- Lump Sum Cash Payment



# Financial Eligibility Factors

## ***Household Composition***

*For presumptive eligibility the household includes the individual, and if living with the individual:*

- The individual's spouse
- The individual's natural, adopted, and step children under age 19
- For individuals under age 19
  - The natural, adoptive and step siblings who are under age 19
  - The natural, adopted, and step parents of the individual
  - If the individual has a spouse or natural, adopted, and step children under age 19, they are also included in the household



# Non-Financial Eligibility Factors



To be eligible for HBPE  
All applicants **MUST** be

DC Residents

US Citizens or  
have Qualifying  
Immigration  
Status



# Residency

- A person must live in the District of Columbia to be eligible for HBPE.
- A homeless person can still be a resident as long as they live in the District

**\*A DC Hospital Address is not an acceptable form of residency.**



## Citizenship/Immigration Status

A person must be a **US citizen** or have an **eligible immigration status\*** to eligible for HBPE.

For any non-citizen applying for benefits, please review the immigration chart on the next slide. If the individual has an immigration status that is listed on the chart then the individual has an eligible immigration status.

If the individual is only applying for benefits for a child or any other member of their family, then the individual does not have to disclose their own immigration status.



# Citizenship/Immigration Status

## What is eligible immigration status?

For all applicants, these are eligible immigration statuses:

- Lawful Permanent Resident (LPR, or "Green card" holder)
- Asylee
- Refugee
- Cuban or Haitian entrant
- Individual paroled into the U.S. for at least one year
- Conditional entrant granted before 1980
- Battered spouse, child and parent
- Victim of Trafficking and his/her spouse, child, sibling or parent
- Individual granted Withholding of Deportation or Withholding of Removal
- Amerasian Immigrant
- Iraqi and Afghan Special Immigrants
- Member of a federally-recognized Indian tribe or American Indian Born in Canada
- Veterans or individuals on active duty in the Armed Forces and their immediate family members

If the person is an individual under the age of 21 or a pregnant woman, these are additional eligible immigration statuses:

- Individual with Non-immigrant Status (includes worker visas, student visas, and citizens of Micronesia, the Marshall Islands, and Palau)
- Individual with Temporary Protected Status (TPS) or Applicant for Temporary Protected Status (TPS) (with Employment Authorization)
- Individuals with Deferred Enforced Departure (DED)
- Family Unity beneficiary
- Individual with Deferred Action Status
- (Except individual with Deferred Action for Childhood Arrivals (DACA). DACA is not an eligible immigration status)/Applicant for Special Immigrant Juvenile Status
- Applicant for Adjustment to LPR Status
- Applicant for Asylum
- Applicant for Withholding of Deportation or Withholding of Removal, under the immigration laws or under the Convention against Torture (CAT)
- Applicant who has filed for creation of record of lawful admission for permanent residence (Registry Applicants) (with Employment Authorization)
- Individual released on an order of Supervision (with Employment Authorization)
- Applicant for Cancellation of Removal or Suspension of Deportation (with Employment Authorization)
- Applicant for Legalization under IRCA (with Employment Authorization)
- Legalization under the LIFE Act (with Employment Authorization)
- Individual Lawfully Admitted with Temporary Resident Status
- Resident of American Samoa
- Individual granted administrative order staying removal issued by the Department of Homeland Security



# Eligible Individuals



## What are the Qualifications for Each Population Category?

Pregnant Women

Infants and Children  
(Ages 0-20)

Parents and Other  
Caretaker Relatives

Childless Adults  
(Ages 21-64)

Former Foster Care  
Children

Certain Individuals  
Needing Treatment  
for Breast or Cervical  
Cancer



# Pregnant Woman



To be eligible under this category an individual:

## Must be pregnant

Must have income less than or equal to 324% FPL

Must be a U.S. citizen/qualified immigration status

Must be a resident of the District



# Pregnant Woman



Income must be less than or equal to:

## 324% FPL

A pregnant woman is always a household of 2 or more

\*Amounts represent monthly income.

| Threshold in FPL | For 2 person household | For 3 person household | For 4 person household | For 5 person household | For 6 person household |
|------------------|------------------------|------------------------|------------------------|------------------------|------------------------|
| 324              | \$4,329                | \$5,451                | \$6,573                | \$7,695                | \$8,817                |

A pregnant woman must include the number of children she is expecting to determine household size.



# Infants and Children

To be eligible under this category an individual:

# Must be Age 0-18

Must have  
income less than  
or equal to 324%  
FPL

Must be a U.S.  
citizen/qualified  
immigration  
status

District resident



# Infants and Children



Income must be less than or equal to:

# 324% FPL

\*Amounts represent monthly income.

| Threshold in FPL | For 1 person household | For 2 person household | For 3 person household | For 4 person household | For 5 person household | For 6 person household |
|------------------|------------------------|------------------------|------------------------|------------------------|------------------------|------------------------|
| 324              | \$3,207                | \$4,329                | \$5,451                | \$6,573                | \$7,695                | \$8,817                |



# Individuals Age 19-20

To be eligible under this category an individual:

## Must be Age 19-20

Must have income less than or equal to 221% FPL

Must be a U.S. citizen/qualified immigration status

Must be a resident of the District



# Individuals Age 19-20



Income must be less than or equal to:

# 221% FPL

\*Amounts represent monthly income.

| Threshold in Approx. FPL | For 1 person household | For 2 person household | For 3 person household | For 4 person household | For 5 person household | For 6 person household |
|--------------------------|------------------------|------------------------|------------------------|------------------------|------------------------|------------------------|
| 221                      | \$2,171                | \$2,931                | \$3,691                | \$4,450                | \$5,210                | \$5,970                |



## Parents and Other Caretaker Relatives



To be eligible under this category an individual:

Must be a parent or other caretaker relative (defined below), of dependent children under age 18. This eligibility group includes individuals who are parents or other caretakers of children who are 18 years old, provided the children are full-time students in a secondary school or the equivalent level of vocational or technical training.

Must have income less than or equal to 221% FPL

Must be a U.S. citizen/qualified immigration status

Must be a resident of the District

**Caretaker relative:** All individuals related to the child by blood, marriage, or adoption. An individual related to the child through marriage can continue to be considered a caretaker relative even if the relationship ended due to divorce or other legal termination of the relationship.



## Parents and Other Caretaker Relatives



Monthly gross income must be less than or equal to:

# 221% FPL

\*Amounts represent monthly income.

| Threshold in Approx. FPL | For 1 person household | For 2 person household | For 3 person household | For 4 person household | For 5 person household | For 6 person household |
|--------------------------|------------------------|------------------------|------------------------|------------------------|------------------------|------------------------|
| 221                      | \$2,171                | \$2,931                | \$3,691                | \$4,450                | \$5,210                | \$5,970                |



## Childless Adults

To be eligible under this category an individual:

**Must be Age 21-64**

Must have income less than or equal to 215% FPL

Must be a U.S. citizen/qualified immigration status

Must be a resident of the District

- Must not be a parent or other caretaker relative
- Must not be pregnant
- Must not be eligible for Medicare



# Childless Adults



Income must be less than or equal to:

# 215% FPL

\*Amounts represent monthly income.

| Threshold in Approx. FPL | For 1 person household | For 2 person household | For 3 person household | For 4 person household | For 5 person household | For 6 person household |
|--------------------------|------------------------|------------------------|------------------------|------------------------|------------------------|------------------------|
| 215                      | \$2,111                | \$2,849                | \$3,588                | \$4,327                | \$5,065                | \$5,804                |



## Former Foster Care Children

To be eligible under this category an individual:

Must have exited the District of Columbia foster care system at age 18 or older.

Must have been enrolled in D.C. Medicaid at the time of exiting out of foster care

Must be Age 18-25

Must be a U.S. citizen/qualified immigration status

Must be a resident of the District

Eligibility for this group must be determined after an individual has already been determined ineligible for pregnant women or parent/caretaker relative group.



## Former Foster Care Children



**\*There is no financial eligibility factor for this category**



# Certain Individuals Needing Treatment for Breast or Cervical Cancer



To be eligible under this category an individual:

Must be diagnosed with breast or cervical cancer (including precancerous conditions of the breast or cervix)

Must have been screened by a CDC National Prevention of Breast and Cervical Cancer Early Detection Program Provider

Must be under Age 65

Must be a U.S. citizen/qualified immigration status

Must be a resident of the District



## Certain Individuals Needing Treatment for Breast or Cervical Cancer



**\*There is no financial eligibility  
factor for this category**



## Summary of HBPE Coverage



- Each individual can only have coverage under HBPE once every two years.
- There is no retroactive coverage.
- Pregnant women are only eligible for prenatal ambulatory services.

All individuals, except pregnant women, found eligible for Presumptive Eligibility Medicaid are eligible to receive all services as covered under D.C. Medicaid during the presumptive eligibility coverage period

## Medicaid Services Available under HBPE



# Part Three: The Eligibility Determination Process



## The Eligibility Determination Process

### **When can an individual apply for HBPE?**

If the individual meets the conditions of one of the eligible populations, the individual can apply for Hospital Based Presumptive Eligibility at any Qualified Hospital in conjunction with visits to the emergency room, outpatient services, and inpatient services.



## The Eligibility Determination Process

### **Who is allowed to make HBPE determinations?**

A Qualified Hospital may implement HBPE with the support of third party contractors as long as the Qualified Hospital takes responsibility for the HBPE determinations that result.

Certified Application Counselors (CAC) at Qualified Hospitals are the only individuals authorized to make HBPE determinations.

Only Qualified Hospitals who conduct screenings for breast and cervical cancer under the state's CDC BCCEDP can make HBPE eligibility determinations for individuals with breast or cervical cancer. The District's CDC BCCEDP is the DC Department of Health's Project Wish program.



## The Eligibility Determination Process

The ability to make Hospital Based Presumptive Eligibility determinations is not portable or transferable.

A CAC cannot transfer the responsibility to make eligibility determinations to another individual. A CAC can only make eligibility determinations for the Qualified Hospital under which they were certified.



## The Eligibility Determination Process



### CAC Responsibilities

The CAC must assist individuals interested in obtaining presumptive eligibility coverage with the completion of a presumptive eligibility application and answer any concerns or questions from the applicant.



# The Eligibility Determination Process

## What is a COMPLETE Presumptive Eligibility Application?



All eligibility factors self-attested to by the applicant



The signature and date of the applicant or their authorized representative

**All Complete Applications MUST have**



# The Eligibility Determination Process

## CAC Responsibilities

Once the presumptive eligibility application is complete, the CAC must fully review the application for completeness and ensure that all eligibility factors, both financial and non-financial, fall under District Medicaid guidelines and process the application by following the steps on the following slides.

All HBPE eligibility determinations must be made on the spot by the CAC.



# The Eligibility Determination Process



Once the application is complete the CAC must

## Fully Review the Presumptive Eligibility Application

- ✓ • Does the applicant meet an eligible category requirement?
- ✓ • Is the Applicant a DC Resident?
- ✓ • Does the Applicant meet Citizenship requirements?
- ✓ • Does the Applicant meet the Income requirements?
- ✓ • Does the Applicant meet any Age requirements?
- ✓ • Check for any other eligibility requirements



# The Eligibility Determination Process

Once the CAC has fully reviewed the application

## **MAKE THE DETERMINATION**

Follow these steps:

1. From the information attested to by the applicant, determine if the applicant is eligible or ineligible for HBPE
2. Document the determination
3. If ineligible, document the reason for the ineligibility of the applicant
4. Sign and date the eligibility determination to make it valid. Be sure to include the printed name of the CAC making the determination



# The Eligibility Determination Process

## When an applicant is ELIGIBLE

If eligible, the CAC must provide the presumptive eligibility beneficiary with:

- Their Medicaid number
- Written notification that:
  - If a full Medicaid application is not filed, the individual's presumptive eligibility will end on the last day of the month following the determination; and
  - If a full Medicaid application is filed, the individual's presumptive eligibility will end on the day of the determination is made.



## The Eligibility Determination Process

### When an applicant is INELIGIBLE

If ineligible, the CAC must provide the presumptive eligibility beneficiary with:

- Written notification
- Of the reason for the determination;  
and
- That he or she may file an application for Medicaid with the Medicaid agency



# The Eligibility Determination Process

## AUTHORIZED REPRESENTATION

If the patient would like to delegate another individual to act on their behalf in matters relating to Medicaid, the patient may designate an authorized representative.

BEFORE an individual can act as an authorized representative, a patient must have designated the person as an authorized representative. A patient can designate an authorized representative on the Presumptive eligibility application via these communication methods: online, mail, phone, and in person.

Authorized representative designations must be signed by the patient. Authorized representative designations must be permitted at the time of application and at other times.



# Part Four: The Full Medicaid Application



## The Full Medicaid Application

**A Qualified Hospital must** assist all individuals determined eligible for Presumptive Eligibility Medicaid with completing and submitting a full Medicaid application, including assisting the applicant with understanding verification documentation requirements.

While a full Medicaid application is encouraged, it cannot be a requirement of an presumptive eligibility application or determination.



# The Full Medicaid Application

## How to Submit the full Medicaid Application

The full Medicaid application can be accessed via DC Health Link, a paper based application, on the phone, fax, or in person.

Completed Medicaid applications must be submitted **within 5 days from the date of the visit or prior to the discharge date, whichever is later.**



# The Full Medicaid Application

DC Health Link Web Portal  
<https://www.dchealthlink.com/>

**Mail**  
DC Health Link  
Department of Human Services  
Case Records Management Unit  
441 4th Street, NW, Suite 1C-15  
Washington DC 20001



In person at a designated service center.

**Phone**  
1-(855)-532-5465  
**Fax**  
(202)-671-4400



# Part Five: Pregnant Woman Hospital Based Presumptive Eligibility



# Pregnant Woman Hospital Based Presumptive Eligibility



A pregnant woman has two options for temporary Medicaid coverage:  
pregnant women presumptive eligibility or hospital based presumptive eligibility  
The difference between the two is who can make eligibility determinations.

## PWPE vs. HBPE

Under Pregnant Woman Presumptive Eligibility, determinations can be made by Qualified Entities and Qualified Hospitals.

Under Hospital Based Presumptive Eligibility, determinations can only be made by CAC's at Qualified Hospitals.

**\*CERTIFIED CAC's CAN MAKE BOTH DETERMINATIONS**



## Pregnant Woman Hospital Based Presumptive Eligibility



There are some restrictions regarding pregnant women presumptive eligibility:

- Under HBPE, pregnant women will not be eligible to receive the full DC Medicaid services, only prenatal ambulatory care
- Limited to one coverage period per pregnancy



## Part Six: Hospital Compliance and Standards



## Hospital Compliance and Standards

All Qualified Hospitals must adhere to the performance standards established by the state agency at the risk of disqualification. The District has established the following standards in relation to the proportion of individuals determined eligible through hospital based presumptive eligibility.

- 90% of presumptively eligible determinations must result in the submission of a full Medicaid application no later than 5 days from the date of the visit or prior to discharge, which ever is latest.
- 85% of presumptive eligibility Medicaid beneficiaries must be determined eligible for full Medicaid coverage.



## Hospital Compliance and Standards

- If performance monitoring conducted by the District indicates that the Qualified Hospital has violated any of the established policies and procedures, then DHCF will initiate disqualification proceedings pursuant to DC Medicaid regulations.





## Hospital Compliance and Standards

- The District may **DISQUALIFY** a Qualified Hospital, if the agency determines that the Qualified Hospital:
  - Is not making, or is not capable of making, presumptive eligibility determinations in accordance with applicable state policies and procedures; or
  - Is not meeting the standards established by the District Medicaid agency.



| <b>Contact:</b>  |   |
|--|---|
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