Medicaid and CHIP Disaster Relief MAGI-Based Verification Plan Addendum

The State Medicaid and CHIP agencies will implement the following changes to its policies and procedures described in this MAGI-based verification plan addendum, which are different from the policies and procedures otherwise applied under the state’s current MAGI-based verification plan, during the following period: Effective on March 11, 2020 for the duration of the District Public Health Emergency associated with COVID-19, plus an additional 60 days.

Check off each item and fill in the requested information if the state is electing the flexibility. Only indicate areas that are changes to your current verification plan elections. Do not check off the item if you currently use the indicated flexibility. For example, if the state currently accepts attestation of residency, that item does not need to be checked off in this addendum. For additional information regarding disaster-related verification flexibilities, refer to the CMS Disaster Preparedness Toolkits.

STATE: District of Columbia
Effective Date: March 11, 2020

Section A – Verification Procedures for Factors of Eligibility

Income-related Verification Processes - Reasonable Compatibility and Documentation:
_____ The agency will utilize a reasonable compatibility standard threshold as follows (percent and/or dollar threshold): __________________

_____ The agency will accept self-attestation without additional verification of income under the circumstances specified here (note: changes in use of data sources are included in Section B below): _ _____________

__X___ The agency will conduct post-enrollment verification of income at application. Specify when, post-enrollment, the agency will conduct the post-enrollment verification: at the conclusion of the Public Health Emergency period.___________

Non-Income-related Verification Processes:

X The agency will accept attestation for the following non-income related factors of eligibility:
   _X_ Residency
   _X_ Age/Date of Birth
   _X_ Household composition
   _X_ Receipt of other coverage (such as Medicare)
   __ Other (as permissible under applicable statute and regulations): ______________

_____ The agency will conduct post-enrollment verification of the following non-income related factors of eligibility at application as specified here (include when, post-enrollment, the agency will conduct the post-enrollment verification):
   __ Residency (Time Period: ___________)
   __ Age/Date of Birth (Time Period: ___________)
   __ Household composition (Time Period: ___________)
   __ Receipt of other coverage (such as Medicare) (Time Period: ___________)
   __ Other (as permissible under applicable statute and regulations): _
               ___________
Section B – Use of Electronic Data Sources

__X__ The agency has determined that the following income-related data sources will not be checked periodically between initial application and regular renewals:

_ X_ Internal Revenue Service
_ X_ Social Security Administration (SSI and SSDI)
_ X_ State Wage Income Collection Agency
_ X_ State Unemployment Compensation
_ X_ Supplemental Nutrition Assistance Program (SNAP)
_ X_ Temporary Assistance for Needy Families (TANF)
_ X_ The Work Number/TALX
_ X_ PARIS
__ Other: _______________

____ Additional Information/Changes: Due to the Public Health Emergency COVID-19 the District will not periodically check the above electronic data sources at initial application or regular renewals.

____________________________________________________

Other – Indicate Any Additional Changes to Verification Processes That Have Not Been Addressed

__X__ Other: Effective March 11, 2020 through the duration of the Public Health Emergency COVID-19 plus 60 days, the agency will use post enrollment verification of financial and non-financial eligibility factors for non-MAGI eligibility categories with the exception U.S. citizenship or immigration status and level of care determinations for Long Term Care Services and Supports and for children who request a level of care determination as a condition of eligibility under TEFFRA/Katie Beckett Medicaid.