

UNITED STATES DISTRICT COURT
FOR THE DISTRICT OF COLUMBIA

OSCAR SALAZAR, et al.,)
on behalf of themselves)
and all others similarly)
situated,)
)
Plaintiffs,)
)
v.)
)
THE DISTRICT OF COLUMBIA,)
et al.,)
)
Defendants.)
_____)

Civil Action No. 93-452 (GK)

FILED

AUG - 8 2000

NANCY MAYER WHITTINGTON, CLERK
U.S. DISTRICT COURT

ORDER MAKING TECHNICAL AMENDMENTS TO CERTAIN
PROVISIONS IN THE JANUARY 25, 1999
ORDER MODIFYING THE AMENDED REMEDIAL ORDER OF MAY 6, 1997
AND VACATING THE ORDER OF MARCH 27, 1997

On January 25, 1999, the Court entered an Order Modifying the Amended Remedial Order of May 6, 1997 and Vacating the Order of March 27, 1997 ("Settlement Order"). Since that date, the parties have agreed to technical amendments to certain provisions of the Settlement Order concerning application processing and recertification processing.

Therefore, the parties agree to the following technical amendments. All paragraphs of the Settlement Order not specifically amended herein shall remain in full force and effect.

IT IS, this 7th day of August, 2000, ORDERED,
ADJUDGED AND DECREED AS FOLLOWS:

The following technical amendments relate to Section II of the Settlement Order:

Processing of Medicaid Applications (Claim 4):

1. A new paragraph 13A shall be added:

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13A. Defendants shall continue their practice of informing Medicaid applicants in a notice issued 30 days after the application is received by Defendants (“30-day notice”) that particular information and/or documents are missing from the application. The 30-day notice shall continue to state that unless the missing information and/or documents are received within 15 days, the application will be denied. If either the 30th day after the application is received or the 15th day after the 30-day notice is sent falls on a non-business day, the decision on this application may be delayed one or more days after the 45th day. Applications in which the mailing of a decision notice is delayed beyond 45 days solely because (a) the 30th day after the application is received, or (b) the 15th day after the 30-day notice is sent falls on a non-business day, and the 30-day notice or the decision notice is sent on the next available business day, shall be considered timely in determining compliance under paragraphs 8 and 12 above.

2. Paragraph 16 is replaced by the following revised paragraph 16:

16. Beginning no later than August 15, 2000, and on the 15th day of each month thereafter, Defendants shall submit to the Monitor and Plaintiffs' counsel a monthly report or reports for the previous month for each DHS service center (reporting the Multinational Unit separately as long as it exists), listing in alphabetical order by name, case number, and Medicaid identification number (if any), the date each application was received, the date each application was approved or denied, the date of printing of a notice concerning the approval or denial of the application, the number of days between the date of receipt of the application and the date of printing of a notice concerning the approval or denial of the application, and all applications that were still pending more than forty-five (45) days after the date of application on the last day of the month. In addition, the report shall set forth in composite form the total number of

applications received in the month, the number approved in the month, and the number denied in the month.

3. New paragraphs 16A and 16B shall be added:

16A. Compliance with paragraph 6 above shall be computed by counting the number of days between the date of receipt of the application and the date of printing of a notice concerning the approval or denial of the application, plus one business day.

16B. For purposes of determining compliance with the percentages in paragraphs 8 and 12 above, only decisions which are reported to a head of household in a notice will be counted. For example, if the District reports three separate decisions concerning a particular family, but there is only one notice issuance date, the three decisions would count as a single decision.

4. Paragraph 74 is replaced by the following revised paragraph 74:

74. As to Section II of this Order (Processing of Medicaid Applications (Claim 4)), this Order shall terminate when Defendants have satisfied the compliance standards set forth in paragraphs 8 and 12 above for three (3) consecutive years. The parties do not agree as to whether Defendants should receive credit against the three (3) consecutive years of compliance for the time period prior to July 1, 2000, the date that the revised format reports are to be prepared pursuant to paragraph 16 above. At a time when Defendants believe that their compliance has satisfied this paragraph's requirements for termination of the Order, they shall inform plaintiffs in writing. The parties agree to negotiate in good faith concerning whether Defendants' record demonstrates compliance with this paragraph. If the parties cannot agree,

Defendants may move the Court for a determination as to whether they have complied with this paragraph.

The following technical amendments relate to Section III of the Settlement Order:

Processing of Medicaid Recertifications (Claim 5):

5. New paragraph 21A shall be added:

21A. As used in paragraph 21, the term “a timely and accurate notice of * * * continued eligibility” means that prior to the end of the Medicaid recipient’s eligibility period as stated on the recipient’s recertification form, the recipient has been mailed a notice which states either (a) that the recertification has been processed and the recipient will have continued Medicaid eligibility until a date certain; or (b) that Defendants have received the recipient’s completed recertification form and that the recipient will have continuing Medicaid eligibility until further notice from Defendants.

6. New paragraphs 25A and 25B shall be added:


25A. Beginning no later than August 15, 2000, Defendants shall promptly register the receipt of completed recertification forms received from Medicaid recipients in the ACEDS computer system. No later than three business days after the registration in ACEDS of a completed recertification form, Defendants shall mail the recipient a notice, in the form set forth in Attachment A hereto, informing the recipient that Defendants have received a complete recertification form, that the recipient continues to be covered by Medicaid and will not be terminated from Medicaid until further notice from Defendants.

25B. Beginning no later than September 30, 2000, Defendants shall provide written notice to Medicaid recipients in the recertification form, in the form set forth in

Attachment B hereto, informing the recipient that once Defendants have received a complete recertification form, the recipient will receive a written notice from Defendants.

7. Paragraph 27 is replaced by the following revised paragraph 27:

27. Beginning no later than August 15, 2000, and on the 15th day of each month thereafter, Defendants shall submit to the Court, the Monitor, and Plaintiffs' counsel, a monthly report for each DHS service center handling recertifications (reporting the Multinational Unit separately as long as it exists). The monthly report shall include the following information for each recipient whose Medicaid eligibility was determined as a result of a recertification (i.e., approved or terminated) during the previous month: (a) in alphabetical order, the name, address, telephone number (if known), and Medicaid identification number for each such recipient; (b) the date any recertification form(s) was mailed to the recipient; (c) the date the recipient's then current eligibility period began; (d) the date the recipient's then current eligibility period expires; (e) the date that the completed recertification form is registered in the ACEDS computer system; (f) the date Defendants mailed any notice to the recipient that a complete recertification form had been received; (g) the date that Defendants determined (i.e., approved or terminated) the recipient's eligibility; and (h) the date that any advance notice(s) of termination or continued eligibility was mailed to the recipient. In addition, the report shall set forth in composite form the total number of recertification forms received back from recipients in the month, the number approved in the month, and the number terminated in the month.


GLADYS KESSLER
UNITED STATES DISTRICT JUDGE

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ATTACHMENT A

Your completed recertification for Medicaid/DC Healthy Families/Medical Charities/QMB was received on _____. Medical Assistance for your household will continue without change until further notice from this agency. When a decision is made concerning your household's continued eligibility, you will receive a notice informing you of the results.

ATTACHMENT B

You will receive a notice from us when we receive your completed recertification form, letting you know that we have received it.