

Table of Contents

State/Territory Name: District of Columbia

State Plan Amendment (SPA) #: 13-0011MM

This file contains the following documents in the order listed:

- 1.) Approval Letter**
- 2.) Summary Form (CMS 179)**
- 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

SWIFT #112520134006

NOV 26 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:

I am writing to inform you that we have reviewed the District of Columbia's State Plan Amendment (SPA) 13-0011MM entitled, S33: Eligibility Groups - Mandatory Coverage: Former Foster Care Children. This amendment sets forth the eligibility requirements for former foster children under the age of 26 years in accordance with the Affordable Care Act.

We are pleased to inform you that, after extensive review, this amendment is approved; its effective date is January 1, 2014.

A copy of the approved SPA pages and signed CMS-179 form is included under this cover.

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,

/S/

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-13-0011

Proposed Effective Date

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

Federal Statute/Regulation Citation

42 CFR 435.150; 1902(a)(10)(A)(i)(IX)

Federal Budget Impact

	Federal Fiscal Year	Amount
First Year	2014	\$ 685000.00
Second Year	2015	\$ 1100000.00

Subject of Amendment

Eligibility Groups - Mandatory Coverage
Former Foster Care Children

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

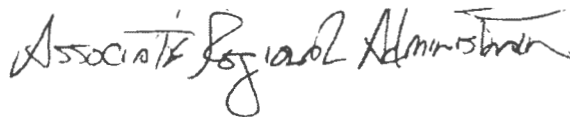
Date:

Nov 4, 2013

Submit Date:

Nov 4, 2013

ISI





Medicaid Eligibility

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

Eligibility Groups - Mandatory Coverage Former Foster Care Children	S33
--	------------

42 CFR 435.150
1902(a)(10)(A)(i)(IX)

Former Foster Care Children - Individuals under the age of 26, not otherwise mandatorily eligible, who were on Medicaid and in foster care when they turned age 18 or aged out of foster care.

The state attests that it operates this eligibility group under the following provisions:

Individuals qualifying under this eligibility group must meet the following criteria:

Are under age 26.

Are not otherwise eligible for and enrolled for mandatory coverage under the state plan, except that eligibility under this group takes precedence over eligibility under the Adult Group.

Were in foster care under the responsibility of the state or Tribe and were enrolled in Medicaid under the state's state
 plan or 1115 demonstration when they turned 18 or at the time of aging out of that state's or Tribe's foster care program.

The state elects to cover children who were in foster care and on Medicaid in any state at the time they turned 18 or aged out of the foster care system.

Yes No

The state covers individuals under this group when determined presumptively eligible by a qualified entity. The state assures it also covers individuals under the Pregnant Women (42 CFR 435.116) and/or Infants and Children under Age 19 (42 CFR 435.118) eligibility groups when determined presumptively eligible.

Yes No

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.