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State/Territory Name: District of Columbia

State Plan Amendment (SPA) #: 13-0015MM

This file contains the following documents in the order listed:

- 1.) Approval Letter
- 2.) Summary Form (CMS 179)
- 3.) Superseding Pages Notice
- 4.) 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 #102520134024

NOV 19 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:

Enclosed is an approved copy of the District of Columbia State Plan Amendment (SPA) 13-0015MM, which was submitted to CMS on August 29, 2013. SPA 13-0015MM incorporates the MAGI-based residency requirements into the District of Columbia's Medicaid State Plan in accordance with the Affordable Care Act. The effective date of this SPA is January 1, 2014.

Enclosed is a copy of the new State Plan pages, the Summary Page (CMS-179), and an attachment to be incorporated within a separate section at the end of District of Columbia's approved State Plan:

S88 (Residency)

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

Krancis McCullough Associate Regional Administrator

Enclosures

cc: Claudia Schlosberg, DHCF M. Diane Fields, DHCF

Aug 29, 2013

Medicaid State Plan Eligibility: Summary Page (CMS 179)

State/Territory name:						
Dist. of Columbia						
Transmittal Number	ransmittal 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 als	0	on year, and ooo	a four digit number with fou	and zeros. Xiie		
DC-13-0015	-					
Proposed Effective I	Date					
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	(100) 00) 333	21				
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Federal Statute/Reg						
42 C.F.R § 435.	.403			Minkspferspread; 11: 11:11:14:44.		
Federal Budget Imp	pact					
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Second Tear	2013	\$ 0.00	AND THE RESERVE OF THE PERSON			
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No reply	y received within 45 day	s of submittal				
Other, a						
Describe		2012				
B20-199	9, Budget Support Act of	2013				
Signature of State A Submitted By						
Diane Fields						
Last Revision						
Date:	2					
Nov 12, 2013 Submit Date:						

Associate Regional Alministra in

SUPERSEDING PAGES OF STATE PLAN MATERIAL				
TRANSMITTAL NUMBER:	STATE:			
13-0015 MM	District of Columbia			
PAGE NUMBER OF THE PLAN SECTION OR	PAGE NUMBER OF THE SUPERSEDED PLAN SECTION			
ATTACHMENT:	OR ATTACHMENT (If Applicable):			
S88 Non-Financial Eligibility- State Residency	Attachment 2.6-A: Page 3, TN 09-08			



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

	inancial Eligibility Residency	S88
42 (435.403	
Sta	esidency	
V	e state provides Medicaid to otherwise eligible residents of the state, including residents who are absent from the state tain conditions.	: under
	lividuals are considered to be residents of the state under the following conditions:	
	Non-institutionalized individuals age 21 and over, or under age 21, capable of indicating intent and who are emancipal married, if the individual is living in the state and:	pated or
	Intends to reside in the state, including without a fixed address, or	
	Entered the state with a job commitment or seeking employment, whether or not currently employed.	
	Individuals age 21 and over, not living in an institution, who are not capable of indicating intent, are residents of the which they live.	e state in
	Non-institutionalized individuals under 21 not described above and non IV-E beneficiary children:	
	Residing in the state, with or without a fixed address, or	
	The state of residency of the parent or caretaker, in accordance with 42 CFR 435.403(h)(1), with whom the indresides.	lividual
	Individuals living in institutions, as defined in 42 CFR 435.1010, including foster care homes, who became incapable indicating intent before age 21 and individuals under age 21 who are not emancipated or married:	ole of
	Regardless of which state the individual resides, if the parent or guardian applying for Medicaid on the individual resides in the state, or	ual's behalf
	Regardless of which state the individual resides, if the parent or guardian resides in the state at the time of the placement, or	individual's
	If the individual applying for Medicaid on the individual's behalf resides in the state and the parental rights of institutionalized individual's parent(s) were terminated and no guardian has been appointed and the individual institutionalized in the state.	the is
	Individuals living in institutions who became incapable of indicating intent at or after age 21, if physically present unless another state made the placement.	in the state,
	Individuals who have been placed in an out-of-state institution, including foster care homes, by an agency of the sta	ate.
	Any other institutionalized individual age 21 or over when living in the state with the intent to reside there, and not institution by another state.	t placed in the
	IV-E eligible children living in the state, or	

Transmittal Number: 13-0015 Approval Date: 11/19/2013 Effective Date: 01/01/2014



Otherwise meet the requirements of 42 CFR 435.403.

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Yes ○ No The state has interstate agreements with the following selected states: Alabama	
☑ Alaska ☑ Indiana ☑ Nebraska ☑ Arizona ☑ Iowa ☑ Nevada ☑ Arkansas ☑ Kansas ☑ New Hamp ☑ California ☑ Kentucky ☑ New Jersey ☑ Colorado ☑ Louisiana ☑ New Mexic ☑ Connecticut ☑ Maine ☐ New York ☑ Delaware ☑ Maryland ☑ North Carc ☑ District of Columbia ☑ Massachusetts ☑ North Dake ☑ Florida ☑ Michigan ☑ Ohio ☑ Georgia ☑ Minnesota ☑ Oklahoma ☑ Hawaii ☑ Mississisppi ☑ Oregon ☑ Idaho ☑ Missouri ☑ Pennsylvan ☑ The interstate agreement contains a procedure for providing Medicaid to indivistuals who (select as a procedure in the state only for the purpose of attending school ☐ Are in the state only for the purpose of attending school ☐ Are out of the state only for the purpose of attending school ☐ Retain addresses in both states ☐ Other type of individual	
	South Carolina
	South Dakota
☐ Colorado ☐ Louisiana ☐ New Mexical	hire Tennessee
	□ Texas
☑ Delaware ☑ Maryland ☑ North Caro ☑ District of Columbia ☑ Massachusetts ☑ North Dake ☑ Florida ☑ Michigan ☑ Ohio ☑ Georgia ☑ Minnesota ☑ Oklahoma ☑ Hawaii ☑ Mississippi ☑ Oregon ☑ Idaho ☑ Missouri ☑ Pennsylvan ☑ The interstate agreement contains a procedure for providing Medicaid to indivistatus and criteria for resolving disputed residency of individuals who (select a law in the state only for the purpose of attending school ☑ Are IV-E eligible ☐ Are out of the state only for the purpose of attending school ☐ Retain addresses in both states ☐ Other type of individual	Utah
⊠ District of Columbia ⋈ Massachusetts ⋈ North Dake ⋈ Florida ⋈ Michigan ⋈ Ohio ⋈ Georgia ⋈ Minnesota ⋈ Oklahoma ⋈ Hawaii ⋈ Mississippi ⋈ Oregon ⋈ Idaho ⋈ Missouri ⋈ Pennsylvan ■ The interstate agreement contains a procedure for providing Medicaid to indivistatus and criteria for resolving disputed residency of individuals who (select and individuals) ⋈ Are IV-E eligible Are in the state only for the purpose of attending school ⋈ Are out of the state only for the purpose of attending school ⋈ Retain addresses in both states ⋈ Other type of individual	∨ermont
 ☐ Florida ☐ Michigan ☐ Ohio ☐ Georgia ☐ Minnesota ☐ Oklahoma ☐ Hawaii ☐ Mississippi ☐ Oregon ☐ Idaho ☐ Missouri ☐ Pennsylvan The interstate agreement contains a procedure for providing Medicaid to indivistatus and criteria for resolving disputed residency of individuals who (select a law in the state only for the purpose of attending school ☐ Are out of the state only for the purpose of attending school ☐ Retain addresses in both states ☐ Other type of individual	ina 🛛 Virginia
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The interstate agreement contains a procedure for providing Medicaid to individuals and criteria for resolving disputed residency of individuals who (select a Are IV-E eligible Are in the state only for the purpose of attending school Are out of the state only for the purpose of attending school Retain addresses in both states Other type of individual	
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☐ Retain addresses in both states ☐ Other type of individual	duals pending resolution of their resident late that apply): .
Other type of individual	
e state has a policy related to individuals in the state only to attend school	
to the man a postery relative to marriadate in the state only to attend bestoon	
Yes • No	
Otherwise meet the criteria of resident, but who may be temporarily absent from t	e state.

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.

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