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State/Territory Name: District of Columbia

State Plan Amendment (SPA) #: 18-0004

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) Approved SPA Pages

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
801 Market Street, Suite 9400
Philadelphia, Pennsylvania 19107-3134



Region III/Division of Medicaid and Children's Health Operations
SWIFT # 071920184050

October 3, 2018

Angelique Martin
Acting Medicaid Director
Department of Health Care Finance
441 4th Street, N.W., 9th floor, South
Washington, D.C. 20001

Dear Ms. Martin:

I am writing to inform you that we have reviewed the District of Columbia's State Plan Amendment (SPA) 18-0004 Eligibility. This amendment will allow CMS to review and verify the District of Columbia's financial methodologies for Non-MAGI eligibility determinations.

We are pleased to inform you that, after extensive review, this amendment is approved; its effective date is July 1, 2018.

If you have any further questions regarding this SPA, please contact LCDR Frankeena Wright at 215-861-4754 or by email at Frankeena.Wright@cms.hhs.gov.

Sincerely,

A redacted signature consisting of two black rectangular boxes. A small pink ribbon icon is visible between the two boxes.

Francis T. McCullough
Associate Regional Administrator

Enclosures

cc: Alice Weiss, DHCF
Sabrina Tillman Boyd, CMS

CMS-10434 OMB 0938-1188

Package Information

Package ID DC2018MS00010
Program Name N/A
SPA ID DC-18-0004
Version Number 1
Submitted By Eugene Simms
Package Disposition



Submission Type Official
State DC
Region Philadelphia, PA
Package Status Closed-Approved
Submission Date 7/18/2018
Approval Date 10/3/2018 4:38 PM EDT

Approval Notice

DEPARTMENT OF HEALTH & HUMAN SERVICES
 Centers for Medicare & Medicaid Services
 7500 Security Boulevard, Mail Stop S2-14-26
 Baltimore, Maryland 21244-1850



Date: 10/03/2018

Head of Agency: Wayne Turnage

Title/Dept : Director

Address 1: 441 4th Street, NW

Address 2:

City : Washington

State: DC

Zip: 20001

MACPro Package ID: DC2018MS00010

SPA ID: DC-18-0004

Subject

DC-18-004 Approval

Dear Wayne Turnage

This is an informal communication that will be followed with an official communication to the State's Medicaid Director.

The Centers for Medicare and Medicaid Services (CMS) is pleased to inform you that we are recommending approval for your request for DC SPA 18-004

Reviewable Unit	Effective Date
Financial Eligibility Requirements for Non-MAGI Groups	7/1/2018

DC SPA 18-004 will allow CMS to review and verify the District of Columbia's financial methodologies for Non-MAGI eligibility determinations.

Sincerely,

Francis McCullough

ARA

Approval Documentation

Name	Date Created	
SWIFT 071920184050- Final Response - DC SPA 18-0004 Eligibility Approval.._	10/3/2018 5:18 PM EDT	

Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | DC2018MS0001O | DC-18-0004

Package Header

Package ID DC2018MS0001O
Submission Type Official
Approval Date 10/3/2018
Superseded SPA ID N/A

SPA ID DC-18-0004
Initial Submission Date 7/18/2018
Effective Date N/A

State Information

State/Territory Name: District of Columbia

Medicaid Agency Name: Department of Health Care
Finance

Submission Component

- State Plan Amendment
- Medicaid
- CHIP

Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | DC2018MS0001O | DC-18-0004

Package Header

Package ID DC2018MS0001O	SPA ID DC-18-0004
Submission Type Official	Initial Submission Date 7/18/2018
Approval Date 10/3/2018	Effective Date N/A
Superseded SPA ID N/A	

SPA ID and Effective Date

SPA ID DC-18-0004

Reviewable Unit	Proposed Effective Date	Superseded SPA ID
Financial Eligibility Requirements for Non-MAGI Groups	7/1/2018	N/A

Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | DC2018MS0001O | DC-18-0004

Package Header

Package ID DC2018MS0001O	SPA ID DC-18-0004
Submission Type Official	Initial Submission Date 7/18/2018
Approval Date 10/3/2018	Effective Date N/A
Superseded SPA ID N/A	

Executive Summary

Summary Description Including Goals and Objectives State Plan Amendment submitted per CMS guidance to allow CMS to review and verify the District of Columbia's financial methodologies for Non-MAGI eligibility determinations.

Federal Budget Impact and Statute/Regulation Citation

Federal Budget Impact

	Federal Fiscal Year	Amount
First	2018	\$0
Second	2019	\$0

Federal Statute / Regulation Citation

42 CFR Part 435

Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | DC2018MS0001O | DC-18-0004

Package Header

Package ID DC2018MS0001O
Submission Type Official
Approval Date 10/3/2018
Superseded SPA ID N/A

SPA ID DC-18-0004
Initial Submission Date 7/18/2018
Effective Date N/A

Governor's Office Review

- No comment
- Comments received
- No response within 45 days
- Other

Describe As part of the District State Plan Amendment development process, the Mayor's Office reviews and provides feedback on all State Plan Amendments prior to submission to CMS. Any feedback received from the Executive Office of the Mayor is reflected in this submission.

Submission - Public Comment

MEDICAID | Medicaid State Plan | Eligibility | DC2018MS0001O | DC-18-0004

Package Header

Package ID	DC2018MS0001O	SPA ID	DC-18-0004
Submission Type	Official	Initial Submission Date	7/18/2018
Approval Date	10/3/2018	Effective Date	N/A
Superseded SPA ID	N/A		

Indicate whether public comment was solicited with respect to this submission.

- Public notice was not federally required and comment was not solicited
- Public notice was not federally required, but comment was solicited
- Public notice was federally required and comment was solicited

Submission - Tribal Input

MEDICAID | Medicaid State Plan | Eligibility | DC2018MS00010 | DC-18-0004

Package Header

Package ID	DC2018MS00010	SPA ID	DC-18-0004
Submission Type	Official	Initial Submission Date	7/18/2018
Approval Date	10/3/2018	Effective Date	N/A
Superseded SPA ID	N/A		

One or more Indian health programs or Urban Indian Organizations furnish health care services in this state

- Yes
- No

Medicaid State Plan Eligibility

Financial Eligibility Requirements for Non-MAGI Groups

MEDICAID | Medicaid State Plan | Eligibility | DC2018MS0001O | DC-18-0004

Package Header

Package ID	DC2018MS0001O	SPA ID	DC-18-0004
Submission Type	Official	Initial Submission Date	7/18/2018
Approval Date	10/3/2018	Effective Date	7/1/2018
Superseded SPA ID	N/A		
	User-Entered		

The state applies the following financial methodologies for all eligibility groups whose eligibility is not based on modified adjusted gross income (MAGI) rules (described in 42 C.F.R. §435.603):

A. Financial Eligibility Methodologies

- The state determines financial eligibility consistent with the methodologies described in 42 C.F.R. §435.601.

B. Eligibility Determinations of Aged, Blind and Disabled Individuals

Eligibility is determined for aged, blind and disabled individuals based on one of the following:

- SSA Eligibility Determination State (1634 State)

The state has an agreement under section 1634 of the Social Security Act for the Social Security Administration to determine Medicaid eligibility of SSI beneficiaries. For all other individuals who seek Medicaid eligibility on the basis of being aged, blind or disabled, the state requires a separate Medicaid application and determines financial eligibility based on SSI income and resource methodologies.

- State Eligibility Determination (SSI Criteria State)

The state requires all individuals who seek Medicaid eligibility on the basis of being aged, blind or disabled, including SSI beneficiaries, to file a separate Medicaid application, and determines financial eligibility based on SSI income and resource methodologies.

- State Eligibility Determination (209(b) State)

The state requires all individuals who seek Medicaid eligibility on the basis of being aged, blind or disabled, including SSI beneficiaries, to file a separate Medicaid application, and determines financial eligibility using income and resource methodologies more restrictive than SSI.

C. Financial Responsibility of Relatives

- The state determines the financial responsibility of relatives consistent with the requirements and methodologies described in 42 C.F.R. §435.602.

D. Additional Information (optional)

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 0938-1188. 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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