

## **Table of Contents**

**State/Territory Name:** **District of Columbia**

**State Plan Amendment (SPA) #:** **24-0009**

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS 179 Form/Summary Form (with 179-like data)
- 3) Approved SPA Pages

DEPARTMENT OF HEALTH & HUMAN SERVICES  
Centers for Medicare & Medicaid Services  
601 E. 12th St., Room 355  
Kansas City, Missouri 64106



Medicaid and CHIP Operations Group

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June 28, 2024

Melisa Byrd  
Senior Deputy Director/Medicaid Director  
Department of Health Care Finance  
441 4th Street, NW, 9th Floor  
South Washington, DC 20001

Re: District of Columbia State Plan Amendment (SPA) – 24-0009

Dear Ms. Byrd:

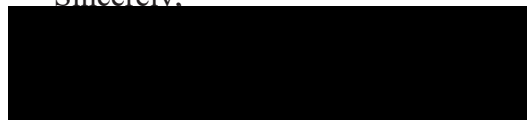
The Centers for Medicare & Medicaid Services (CMS) reviewed your Medicaid State Plan Amendment (SPA) submitted under transmittal number DC-24-0009. This proposed amendment will permit the District of Columbia's Medicaid Program to increase the personal needs allowance standard for eligible institutionalized long-term care residents and set annual increases tied to the federal Cost-Of-Living adjustment (COLA) published by the Social Security Administration.

We conducted our review of your submittal according to statutory requirements in Title XIX of the Social Security Act and implementing §§ 1902(q)(1), 1902(q)(2) of the Social Security Act; 42 U.S.C. §1396a(q). This letter informs you that District of Columbia Medicaid SPA TN 24-0009 was approved on June 28, 2024, with an effective date of May 12, 2024.

Enclosed are copies of Form CMS-179 and approved SPA pages to be incorporated into the District of Columbia State Plan.

If you have any questions, please contact Terri Fraser at (410) 786-5513 or via email at [Terri.Fraser@cms.hhs.gov](mailto:Terri.Fraser@cms.hhs.gov).

Sincerely,



James G. Scott, Director  
Division of Program Operations

Enclosures

cc: Mario Ramsey

<b>TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL</b>	1. TRANSMITTAL NUMBER: <b>DC-24-0009</b>	2. STATE: <b>District of Columbia</b>
	3. PROGRAM IDENTIFICATION: <b>Title XIX of the Social Security Act</b>	

TO: Regional Administrator Centers for Medicare & Medicaid Services Department of Health and Human Services	4. PROPOSED EFFECTIVE DATE: <b>May 12, 2024</b>
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5. TYPE OF PLAN MATERIAL (Check One):

NEW STATE PLAN                       AMENDMENT TO BE CONSIDERED AS NEW PLAN                       AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)


6. FEDERAL STATUTE/REGULATION CITATION:  §§ 1902(q)(1), 1902(q)(2) of the Social Security Act; 42 U.S.C. §1396a(q)	7. FEDERAL BUDGET IMPACT:  FFY24: <u>\$269,435.23</u> FFY25: <u>\$824,756.14</u>
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8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: <b>Attachment 2.6A, p. 4</b>	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable): <b>Attachment 2.6A, p. 4</b>
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10. SUBJECT OF AMENDMENT:  
**Personal Needs Allowance (PNA) Increase**

11. GOVERNOR'S REVIEW (Check One)


GOVERNOR'S OFFICE REPORTED NO COMMENT                       OTHER, AS SPECIFIED:  
 COMMENTS OF GOVERNOR'S OFFICE ENCLOSED                      **D.C. Act: 22-434**  
 NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

12. SIGNATURE OF STATE AGENCY OFFICIAL 	16. RETURN TO  Melisa Byrd Senior Deputy Director/Medicaid Director Department of Health Care Finance 441 4 <sup>th</sup> Street, NW, 9 <sup>th</sup> Floor, South Washington, DC 20001
13. TYPED NAME <b>Melisa Byrd</b>	
14. TITLE <b>Senior Deputy Director/Medicaid Director</b>	
15. DATE SUBMITTED <b>May 21, 2024</b>	

**FOR REGIONAL OFFICE USE ONLY**

17. DATE RECEIVED <b>05/21/2024</b>	18. DATE APPROVED <b>06/28/2024</b>
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**PLAN APPROVED – ONE COPY ATTACHED**

19. EFFECTIVE DATE OF APPROVED MATERIAL <b>05/12/2024</b>	20. SIGN 
21. TYPED NAME <b>James G. Scott</b>	22. TITLE <b>Director, Division of Program Operations</b>

23. REMARKS

Citation	Condition or Requirement
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435.725  
435.733  
435.832

B. Post-Eligibility Treatment of Institutionalized Individuals

The following amounts are deducted from gross income when computing the application of an individual's or couple's income to the cost of institutional care:

1. Personal Needs Allowance.

- a. Aged, blind, disabled-  
Individuals     \$103.20\*  
Couples         \$206.40\*

\*Amounts shall be adjusted annually by the federal Cost-Of-Living Adjustment (COLA) published by the Social Security Administration, beginning with the COLA that will be effective in January 2025.

For the following individuals with greater need—

- b. AFDC related—  
  
Children         \$60.00  
Adults           \$80.00

- c. Individuals under age 21 covered in this plan as specified in Item B.7. of ATTACHMENT 2.2-A.  
\$60.00

435.725  
435.733  
435.832

2. For maintenance of the non-institutionalized spouse only. The amount must be based on a reasonable assessment of need but must not exceed the highest of –

- SSI level                     \$ \_\_\_\_\_
- SSP level                     \$ \_\_\_\_\_
- Medically needy level     \$ \_\_\_\_\_
- Other as follows             \$ \_\_\_\_\_

Either the applicable percent described in section 1924(d) plus excess shelter cost(s) or the maximum amount specified in section 1924(d)(3)(c) as properly adjusted.   X