

Table of Contents

State/Territory Name: Washington, D.C.

State Plan Amendment (SPA) #: 2;/28

This file contains the following documents in the order listed:

- 1) Approval Letter
- 4) CMS 179 Form/Summary Form (with 179-like data)
- 5+"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

APR 27 2010

John McCarthy
Deputy Director
Department of Health Care Finance
825 North Capitol Street, N.E. - Suite 5200
Washington, DC 20002

Dear Mr. McCarthy:

We have reviewed the District of Columbia's proposed State Plan Amendment (SPA) #09-06, Clinic Services. This amendment redefines "public clinics" as all clinics owned, operated, managed or leased by the District of Columbia. The SPA also details the reconciled cost reimbursement methodology paid to public clinics to support the source of the state share.

Based on the information provided, we are pleased to inform you that the District of Columbia's SPA #09-06 has been approved. The effective date is October 1, 2009 as requested. The signed CMS form 179 and the approved State Plan pages are enclosed.

Please note that we are approving clinic coverage on this SPA even though these services are more appropriate under the rehabilitation benefit, as we have discussed. You have agreed to submit another SPA in the near future to move these day treatment services from the clinics section of your state plan and place them in the rehabilitation section.

If you have any questions regarding this amendment, please contact Barbara Williamson here in the Regional Office at (215) 861-4721, or via e-mail at barbara.williamson@cms.hhs.gov.

Sincerely,

/s/

Ted Gallagher 
Associate Regional Administrator

Enclosures

cc: Julie Hudman, DC DHCF
Linda Elam, DC DHCF
Diane Fields, DC DHCF

TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL1. TRANSMITTAL NUMBER:
09-082. STATE
District of Columbia

FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES

3. PROGRAM IDENTIFICATION:
Title XIX of the Social Security ActTO: Regional Administrator
Centers for Medicare & Medicaid Services
Department of Health and Human Services4. PROPOSED EFFECTIVE DATE
January 1, 2010

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
42 CFR 435.4067. FEDERAL BUDGET IMPACT
a. FFY 10 \$530,748
b. FFY 11 \$707,6588. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT
Attachment 2.6-A pp 2,2a,2b, 39. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION
OR ATTACHMENT (If Applicable)
Attachment 2.6-A pp 2-3

10. SUBJECT OF AMENDMENT:

Eligibility Conditions and Requirements for Documented Alien Pregnant Women and their Children

11. GOVERNOR'S REVIEW (Check One)

- ☐
- GOVERNOR'S OFFICE REPORTED NO COMMENT
-
- ☐
- COMMENTS OF GOVERNOR'S OFFICE ENCLOSED
-
- ☐
- NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

☒ OTHER, AS SPECIFIED:
DC Act No.: 18-18712. SIGNATURE OF STATE AGENCY OFFICIAL
/s/13. TYPED NAME
John McCarthy14. TITLE
Deputy Director, Department of Health Care Finance15. DATE SUBMITTED
February 26, 2010

16. RETURN TO

John McCarthy
Deputy Director
Department of Health Care Finance
825 N. Capitol St., NE
Washington, DC 20002

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED

18. DATE APPROVED

APR 09 2010

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL
January 1, 201020. SIGNATURE OF REGIONAL OFFICIAL
/s/21. TYPED NAME
Ted Gallagher22. TITLE
Associate Regional Administrator

23. REMARKS

Revision: HCFA-PM-91-4TC (BPD)

ATTACHMENT 2.6-A

Page 2

OMB No.: 0938-

State: District of Columbia

Citation	Condition or Requirement
	b. For the medically needy, meets the non-financial eligibility conditions of 42 CFR Part 435.
1905(p) of the Act	c. For financially eligible qualified Medicare beneficiaries covered under section 1902(a) (10) (E) (i) of the Act, meets the non-financial criteria of section 1905 (p) of the Act.
1905(s) of the Act	d. For financially eligible qualified disabled and working individuals covered under section 1902(a) (10) (E) (ii) of the Act, meets the non-financial criteria of section 1905 (s).

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: District of Columbia

ELIGIBILITY CONDITIONS AND REQUIREMENTS

<u>Citation(s)</u>	<u>Condition or Requirement</u>
42 CFR 435.406	<p>3. Is residing in the United States (U.S.), and--</p> <p>a. Is a citizen or national of the United States;</p> <p>b. Is a qualified alien (QA) as defined in section 431 of the Personal Responsibility and Work Opportunity Reconciliation Act of 1996 (PRWORA) as amended, and the QA's eligibility is required by section 402(b) of PRWORA as amended, and is not prohibited by section 403 of PRWORA as amended;</p> <p>c. Is a qualified alien subject to the 5-year bar as described in section 403 of PRWORA, so that eligibility is limited to treatment of an emergency medical condition as defined in section 401 of PRWORA;</p> <p>d. Is a non-qualified alien, so that eligibility is limited to treatment of an emergency medical condition as defined in section 401 of PRWORA;</p> <p>e. Is a QA whose eligibility is authorized under section 402(b) of PRWORA as amended, and is not prohibited by section 403 of PRWORA as amended. <u>X</u> State covers all authorized QAs. ___ State does not cover authorized QAs.</p> <p>f. State elects CHIPRA option to provide full Medicaid coverage to otherwise eligible pregnant women or children as specified below who are aliens lawfully residing in the United States; including the following:</p> <p>(1) A "Qualified alien" otherwise subject to the 5-year waiting period per section 403 of the Personal Responsibility and Work Opportunity Reconciliation Act of 1996;</p> <p>(2) A citizen of a Compact of Free Association State (i.e., Federated States of Micronesia, Republic of the Marshall Islands, and the Republic of Palau) who has been admitted to the U.S. as a non-immigrant and is permitted by the Department of Homeland Security to reside permanently or indefinitely in the U.S.;</p> <p>(3) An individual described in 8 CFR section 103.12(a)(4) who does not have a permanent residence in the country of their nationality and is in a status that permits the individual to remain in the U.S. for an indefinite period of time, pending adjustment of status. These individuals include:</p>

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: District of Columbia

ELIGIBILITY CONDITIONS AND REQUIREMENTS

<u>Citation(s)</u>	<u>Condition or Requirement</u>
(a)	An individual currently in temporary resident status as an Amnesty beneficiary pursuant to section 210 or 245A of the Immigration and Nationality Act (INA);
(b)	An individual currently under Temporary Protected Status pursuant to section 244 of the INA;
(c)	A family Unity beneficiary pursuant to section 301 of Public Law 101-649 as amended by, as well as pursuant to, section 1504 of Public Law 106-554;
(d)	An individual currently under Deferred Enforced Departure pursuant to a decision made by the President; and
(e)	An individual who is the spouse or child of a U.S. citizen whose visa petition has been approved and who has a pending application for adjustment of status; and
(4)	An individual in non-immigrant classifications under the INA who is permitted to remain in the U.S. for an indefinite period, including the following as specified in section 101(a)(15) of the INA: <ul style="list-style-type: none"> • A parent or child of an individual with special immigrant status under section 101(a)(27) of the INA, as permitted under section 101(a)(15)(N) of the INA; • A Fiancé of a citizen, as permitted under section 101(a)(15)(K) of the INA; • A religious worker under section 101(a)(15)(R); • An individual assisting the Department of Justice in a criminal investigation, as permitted under section 101(a)(15)(S) of the INA; • A battered alien as permitted under section 101(a)(15)(U)); and • An individual with a petition pending for 3 years or more, as permitted under section 101(a)(15)(V) of the INA.

- X Elected for pregnant women.
- X Elected for children under age 21.

g. X The State provides assurance that for an individual whom it enrolls in Medicaid under the CHIPRA section 214 option, it has verified, at the time of the individual's initial eligibility determination and at the time of the eligibility redetermination that the individual continues to be lawfully residing in the United States. The State must first attempt to verify this status using information provided at the time of initial application. If the State cannot do so from the information readily available, it must require the individual to provide documentation or further evidence to verify satisfactory immigration status in the same manner as it would for anyone else claiming satisfactory immigration status under section 1137(d) of the Act.

Revision: HCFA-PM-91-4 (BPD)
August 1991

ATTACHMENT 2.6-A
Page 3
OMB No.: 0938-

State: District of Columbia

Citation	Condition or Requirement
42 CFR 435.403	4. Is a resident of the State, regardless of whether or not the individual maintains residence permanently or maintains it at a fixed address.
the	 _____ State has interstate residence agreement with the following States: _____ State has open agreement(s). _____ Not applicable; no residency requirement.