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State/Territory Name: Washington, D.C.

State Plan Amendment (SPA) #: 35/22380 O

This file contains the following documents in the order listed:

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- 4) CMS 179 Form/Summary Form (with 179-like data)
- 5) Cr r tqxgf URC Rci gu
- 5+Cf f k k q p c n C w c e j o g p u v j c v c t g r c t v q h v j g u c v g r r p

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 #102520134026

DEC 04 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) 13-0016-MM, which was submitted to CMS on August 29, 2013. SPA 13-0016-MM incorporates the MAGI-based eligibility process requirements, including the single streamlined application, into the District of Columbia's Medicaid state plan in accordance with the Affordable Care Act. The effective date of this SPA is October 1, 2013.

The approval of SPA 13-0016-MM includes full approval of your state's online alternative single streamlined application and use of the model paper single streamlined application.

Enclosed is a copy of the new state plan pages and attachments to be incorporated within a separate section at the end of the District of Columbia's approved state plan:

- S94, pages S94-1, S94-2
- Attachment 1 – DCAS Online Application (screen shots)
- Attachment 2 – Statement on General Eligibility Requirements – Eligibility Process

CMS appreciates the significant amount of work your staff dedicated to preparing this state plan amendment. If you have any questions concerning 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.

Proposed Effective Date*(mm/dd/yyyy)***Federal Statute/Regulation Citation****Federal Budget Impact**

	Federal Fiscal Year	Amount
First Year	\$	
Second Year	\$	

Subject of Amendment**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:

Signature of State Agency Official**Submitted By:****Diane Fields****Last Revision Date:****Nov 27, 2013****Submit Date:****Aug 29, 2013**



Medicaid Eligibility

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

General Eligibility Requirements Eligibility Process

S94

42 CFR 435, Subpart J and Subpart M

Eligibility Process

- The state meets all the requirements of 42 CFR 435, Subpart J for processing applications, determining and verifying eligibility, and furnishing Medicaid.

Application Processing

Indicate which application the agency uses for individuals applying for coverage who may be eligible based on the applicable modified adjusted gross income standard.

- The single, streamlined application for all insurance affordability programs, developed by the Secretary in accordance with section 1413(b)(1)(A) of the Affordable Care Act

- An alternative single, streamlined application developed by the state in accordance with section 1413(b)(1)(B) of the Affordable Care Act and approved by the Secretary, which may be no more burdensome than the streamlined application developed by the Secretary.

An attachment is submitted.

- An alternative application used to apply for multiple human service programs approved by the Secretary, provided that the agency makes readily available the single or alternative application used only for insurance affordability programs to individuals seeking assistance only through such programs.

An attachment is submitted.

Indicate which application the agency uses for individuals applying for coverage who may be eligible on a basis other than the applicable modified adjusted gross income standard:

- The single, streamlined application developed by the Secretary or one of the alternate forms developed by the state and approved by the Secretary, and supplemental forms to collect additional information needed to determine eligibility on such other basis, submitted to the Secretary.

An attachment is submitted.

- An application designed specifically to determine eligibility on a basis other than the applicable MAGI standard which minimizes the burden on applicants, submitted to the Secretary.

An attachment is submitted.

The agency's procedures permit an individual, or authorized person acting on behalf of the individual, to submit an application via the internet website described in 42 CFR 435.1200(f), by telephone, via mail, and in person.

The agency also accepts applications by other electronic means:

- Yes No



Medicaid Eligibility

- The agency has procedures to take applications, assist applicants and perform initial processing of applications for the eligibility groups listed below at locations other than those used for the receipt and processing of applications for the title IV-A program, including Federally-qualified health centers and disproportionate share hospitals.

Parents and Other Caretaker Relatives

Pregnant Women

Infants and Children under Age 19

Redetermination Processing

- Redeterminations of eligibility for individuals whose financial eligibility is based on the applicable modified adjusted gross income standard are performed as follows, consistent with 42 CFR 435.916:
- Once every 12 months
 - Without requiring information from the individual if able to do so based on reliable information contained in the individual's account or other more current information available to the agency

If the agency cannot determine eligibility solely on the basis of the information available to it, or otherwise needs additional information to complete the redetermination, it provides the individual with a pre-populated renewal form containing the information already available.

- Redeterminations of eligibility for individuals whose financial eligibility is not based on the applicable modified adjusted gross income standard are performed, consistent with 42 CFR 435.916 (check all that apply):
- Once every 12 months
 - Once every 6 months
 - Other, more often than once every 12 months

Coordination of Eligibility and Enrollment

- The state meets all the requirements of 42 CFR 435, Subpart M relative to coordination of eligibility and enrollment between Medicaid, CHIP, Exchanges and other insurance affordability programs. The single state agency has entered into agreements with the Exchange and with other agencies administering insurance affordability programs.

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.

TN: DC 13-0016MM Approval Date: 11/27/2013 Effective Date: 10/01/2013

GENERAL ELIGIBILITY REQUIREMENTS – ELIGIBILITY PROCESS
(Attachment to S94)

TRANSMITTAL NUMBER:

DC-13-0016MM

STATE:

District of Columbia

For individuals whose financial eligibility is based on modified adjusted gross income (MAGI), annual renewals of eligibility will be deferred from January 1, 2014 through March 31, 2014, as described in the 1902(e)(14) waiver approved by CMS. Beginning April 1, 2014, annual renewals for such individuals will follow the procedures described at 42 CFR 435.916(a), including renewal on the basis of information available to the agency and the use of prepopulated renewal forms.

For individuals whose Medicaid eligibility is determined on a basis other than MAGI, from January 1, 2014 through September 30, 2014, the agency shall conduct annual renewals of eligibility using pre-ACA procedures, which does not include renewal on the basis of information available to the agency and the use of prepopulated renewal forms. Beginning October 1, 2014, annual renewals for such individuals will follow the methodologies and process described at 42 CFR 435.916(b), including renewal on the basis of information available to the agency and the use of prepopulated renewal forms.

