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State/Territory Name: District of Columbia

State Plan Amendment (SPA) #: 15-0001

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS 179 Form/Summary Form
- 3) 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 #041020154003

APR 10 2015

Claudia Schlosberg, J.D.
Senior Deputy Director/State Medicaid Director
Department of Health Care Finance
441 4th Street, N.W., Suite 900 South
Washington, D.C. 20001

Dear Ms. Schlosberg:

I am writing to inform you that we have reviewed the District of Columbia's State Plan Amendment (SPA) 15-001 entitled, Transitional Medicaid. This amendment will enable the District to extend Transitional Medicaid from two six month periods to one twelve month period; thus, enabling families with low incomes the opportunity to retain Medicaid without a lapse in coverage.

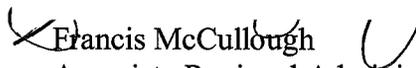
We are pleased to inform you that, after extensive review, this amendment is approved; its effective date is January 1, 2015.

A copy of the approved SPA pages and signed CMS-179 form are included under this cover.

If you have any further questions regarding this SPA, please contact Alice Robinson Penn at 215-861-4261 or by email at Alice.RobinsonPenn@cms.hhs.gov.

Sincerely,
/S/

A handwritten signature in black ink, appearing to be "FM" or similar initials.


Francis McCullough
Associate Regional Administrator

Enclosures

cc: M. Diane Fields, DHCF

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL	1. TRANSMITTAL NUMBER: 15-001	2. STATE District of Columbia
	3. PROGRAM IDENTIFICATION: Title XIX of the Social Security Act	
FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES		4. PROPOSED EFFECTIVE DATE January 1, 2015
TO: Regional Administrator Centers for Medicare & Medicaid Services Department of Health and Human Services		

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(a)(52) Section 1925 of the Act	7. FEDERAL BUDGET IMPACT a. FFY 15 \$ 508,819 b. FFY 16 \$ 808,255
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT Supplement 3 to Attachment 3.1-A, p1 Supplement 12 to Attachment 2.6-A p 3 (NEW)	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable) Supplement 3 to Attachment 3.1-A pp1-2

10. SUBJECT OF AMENDMENT:

Transitional Medicaid

11. GOVERNOR'S REVIEW (Check One)

- GOVERNOR'S OFFICE REPORTED NO COMMENT OTHER, AS SPECIFIED: PR21-0044
 COMMENTS OF GOVERNOR'S OFFICE ENCLOSED
 NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

13. TYPED NAME Claudia Schlosberg, JD	16. RETURN TO Claudia Schlosberg, J.D. Senior Deputy Director/State Medicaid Director Department of Health Care Finance 441 4 th St. N.W., Suite 900 South Washington, DC 20001
14. TITLE Senior Deputy Director/State Medicaid Director	
15. DATE SUBMITTED March 12, 2015	

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED March 12, 2015	18. DATE APPROVED APR 09 2015
PLAN APPROVED - ONE COPY ATTACHED	
19. EFFECTIVE DATE OF APPROVED MATERIAL January 1, 2015	20. /S/
21. TYPED NAME Francis McCullough	22. TITLE Associate Regional Administrator
23. REMARKS	

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

FAMILIES RECEIVING TRANSITIONAL MEDICAL ASSISTANCE (TMA) BENEFITS
PROVIDED IN ACCORDNCE WITH § 1902(a)(52)

- A. The Department of Health Care Finance (DHCF), or its designee, may provide Transitional Medicaid Assistance (TMA) to households with dependent children who were receiving Medicaid under section 1931 of the Act and became ineligible due to the increased earnings of a parent or other caretaker relative.
- B. DHCF, or its designee, may provide TMA for up to twelve (12) consecutive months. TMA begins on the date of loss of Medicaid eligibility under section 1931 of the Act.
- C. TMA shall include the full range of benefits under the District of Columbia Medicaid program.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
State: District of Columbia

ELIGIBILITY UNDER SECTION 1925 OF THE ACT
TRANSITIONAL MEDICAL ASSISTANCE

The State covers low-income families and children for Transitional Medical Assistance (TMA) under section 1925 of the Social Security Act (the Act). This coverage is provided for families who no longer qualify under section 1931 of the Act due to increased earned income, or working hours, from the caretaker relative's employment, or due to the loss of a time-limited earned income disregard. **(1902(a)(52), 1902(e)(1)(B), and 1925 of the Act)**

The amount, duration, and scope of services for this coverage are specified in Section 3.1 of this State plan.

For Medicaid eligibility to be extended through TMA, families must have been Medicaid eligible under section 1931 (months of retroactive eligibility may be used to meet this requirement):

During at least 3 of the 6 months immediately preceding the month in which the family became ineligible under section 1931.

For fewer than 3 of the 6 previous months immediately preceding the month in which the family became ineligible under section 1931. Specify:

The State extends Medicaid eligibility under TMA for an initial period of:

6 months. For TMA eligibility to continue into a second 6-month extension period, the family must meet the reporting, technical, and income eligibility requirements specified at section 1925(b) of the Act.

12 months. Section 1925(b) does not apply for a second 6-month extension period.

The State collects and reports participation information to the Department of Health and Human Services as required by section 1925(g) of the Act, in accordance with the format, timing, and frequency specified by the Secretary and makes such information publicly available.

TN No. 15-001 Approval Date APR 09 2015 Effective Date January 1, 2015
Supersedes TN No. NEW