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

**State Plan Amendment (SPA) #: 15-0010**

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 # 092920154132

**NOV 24 2015**

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

Dear Ms. Schlosberg:

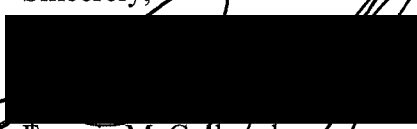
I am writing to inform you that we have reviewed the District of Columbia's State Plan Amendment (SPA) 15-0010, Childless Adult above 133% of the Federal Poverty Level (FPL). This amendment will enable the District to cover individuals under age sixty-five with incomes above 133% and up to 210% of the FPL.

We are pleased to inform you that, after extensive review, this amendment is approved; its effective date is January 1, 2016.

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](mailto:Alice.RobinsonPenn@cms.hhs.gov).

Sincerely,

  
Francis McCullough  
Associate Regional Administrator

Enclosures

cc: 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.*

DC-15-0010

Proposed Effective Date

01/01/2016

(mm/dd/yyyy)

Federal Statute/Regulation Citation

1902(a)(10)(A)(ii)(XX); 1902(hh); 42 CFR 435.218

Federal Budget Impact

	Federal Fiscal Year	Amount
First Year	2016	\$41468759.00
Second Year	2017	\$52810636.00

Subject of Amendment

Individuals above 133% of FPL

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:

PR21-282

Signature of State Agency Official

Submitted By:

Diane Fields

Last Revision Date:

Nov 6, 2015

Submit Date:

Sep 30, 2015



# Medicaid Eligibility

State Name:

OMB Control Number: 0938-1148

Transmittal Number: DC - 15 - 0010

Expiration date: 10/31/2014

## Eligibility Groups - Options for Coverage Individuals above 133% FPL

S50

1902(a)(10)(A)(ii)(XX)  
1902(hh)  
42 CFR 435.218

**Individuals above 133% FPL** - The state elects to cover individuals under 65, not otherwise mandatorily or optionally eligible, with income above 133% FPL and at or below a standard established by the state and in accordance with provisions described at 42 CFR 435.218.

Yes  No

The state attests that it operates this eligibility group in accordance with the following provisions:

Individuals qualifying under this eligibility group must meet the following criteria:

Are under age 65.

Are not otherwise eligible for and enrolled for mandatory coverage under the state plan in accordance with 42 CFR 435, subpart B.

Are not otherwise eligible for and enrolled for optional coverage under the state plan in accordance with section 1902(a)(10)(A)(ii)(I) - (XIX) of the Act, 42 CFR 435, subpart C, based on information available from the application for Medicaid.

Have household income that exceeds 133% FPL but is at or below the standard set by the state.

MAGI-based income methodologies are used in calculating household income. Please refer as necessary to S10 MAGI-Based Income Methodologies, completed by the state.

The income standard for this eligibility group is:  % FPL

There is no resource test for this eligibility group.

Parents or other caretaker relatives living with a child under the age specified below are not covered unless the child is receiving benefits under Medicaid, CHIP or through the Exchange, or otherwise enrolled in minimum essential coverage, as defined in 42 CFR 435.4.

Under age 19, or

A higher age of children, if any, covered under 42 CFR 435.222 on March 23, 2010:

Under age 20

Under age 21

Presumptive Eligibility

The state covers individuals under this group when determined presumptively eligible by a qualified entity. The state assures it also covers individuals under the Pregnant Women (42 CFR 435.116) and/or Infants and Children under Age 19 (42 CFR 435.118) eligibility groups when determined presumptively eligible.



# Medicaid Eligibility

Yes    No

The state elects to phase-in coverage to individuals in this group. The phase-in plan must be reasonable and may not provide Medicaid to higher income individuals without providing Medicaid to lower-income individuals.

Yes    No

### 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.

V.20140415