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

**State Plan Amendment (SPA) #: 15-0008**

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 #091620154089

**NOV 19 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:

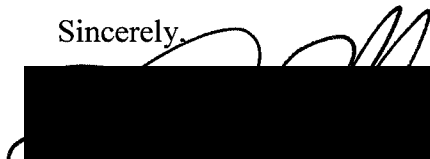
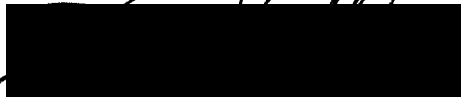
I am writing to inform you that we have reviewed the District of Columbia's State Plan Amendment (SPA) 15-008 entitled, Penalty Period for Asset Transfers. This amendment will enable the District to amend the methodology for establishing the penalty period for asset transfers by individuals receiving Medicaid-reimbursable institutional care in nursing facilities.

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

<b>TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL</b>  <b>FOR: CENTERS FOR MEDICARE &amp; MEDICAID SERVICES</b>  TO: Regional Administrator Centers for Medicare & Medicaid Services Department of Health and Human Services	1. TRANSMITTAL NUMBER: <b>15-008</b>	2. STATE District of Columbia
	3. PROGRAM IDENTIFICATION: Title XIX of the Social Security Act	
4. PROPOSED EFFECTIVE DATE January 1, 2016		

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 435.10 and Subparts G&H 1902 (a)(10)(A)(i) of the Act	7. FEDERAL BUDGET IMPACT a. FFY 16 \$ 0 b. FFY 17 \$ 0
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT  Supplement 9(a) to Attachment 2.6-A p.3	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)  Supplement 9(a) to Attachment 2.6-A p.3


10. SUBJECT OF AMENDMENT:

Penalty Period for Asset Transfers

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: PR21-0248

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

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED <b>9-14-2015</b>	18. DATE APPROVED <b>NOV 10 2015</b>
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PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL <b>1-1-2016</b>	20. SIGNATURE OF REGIONAL OFFICIAL 
21. TYPED NAME <b>FRANCIS T. McCullough</b>	22. TITLE <b>ASSOCIATE REGIONAL ADMINISTRATOR</b>

23. REMARKS

\_\_\_\_\_ The month after which assets have been transferred for less than fair market value.

The date on which the individual is eligible for medical assistance under the State Plan and is receiving institutional level of care services (based on an approved application for such services) that, were not for the imposition of the penalty period, would be covered by Medicaid.

4. Penalty Period: Institutionalized Individuals

In determining the penalty for an institutionalized individual, the agency uses:

- ☒ The average monthly cost to a private patient of nursing facility services in the state;
- \_\_\_\_\_ The average monthly cost to a private patient of nursing facility services in the community in which the individual is institutionalized.

5. Penalty Period: Non-institutionalized Individuals

The agency:

- ☒ Imposes a penalty period determined by using the same method as is used for an institutionalized individual, including the use of the average monthly cost of nursing facility services;
- \_\_\_\_\_ Imposes a shorter penalty period than would be imposed for institutionalized individuals, as outlined below.

6. Penalty period for amounts of transfers less than the cost of nursing facility care

- a. Where the amount of the transfer is less than the monthly cost of nursing facility care, the agency:
- \_\_\_\_\_ Does not impose a penalty;
- ☒ Imposes a penalty for less than a full month, based on the proportion of the agency's private nursing facility rate that was transferred.
- b. Where an individual makes a series of transfers, each less than the private nursing facility rate for a month, the agency:
- \_\_\_\_\_ Does not impose a penalty;
- ☒ Imposes a penalty for less than a full month, based on the proportion of the agency's private nursing.