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

**State Plan Amendment (SPA) #: 16-0001**

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 # 031520164119

**April 27, 2016**

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) 16-0001, Non-Financial Eligibility- State Residency for Title IV-E Foster Care children. This amendment lays out the residency authority for enrolling new and maintaining existing Title IV-E Foster Care children.

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

Mccullough -S

Francis McCullough  
Associate Regional Administrator

Digitally signed by Francis  
T. Mccullough -S  
Date: 2016.04.27 10:33:20  
-04'00'

Enclosures

cc: M. Diane Fields, DHCF  
A. Weiss, DHCG

**Medicaid State Plan Eligibility: Summary Page (CMS 179)**

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**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-16-0001

**Proposed Effective Date**

04/01/2016

(mm/dd/yyyy)

**Federal Statute/Regulation Citation**

42 CFR 435.403

**Federal Budget Impact**

	Federal Fiscal Year	Amount
First Year	2016	\$ 0.00
Second Year	2017	\$ 0.00

**Subject of Amendment**

Non-Financial Eligibility - State Residency for Title IV-E Foster Care Children

**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:

District of Columbia PR21-559

**Signature of State Agency Official**

Submitted By:

Diane Fields

Last Revision Date:

Apr 12, 2016

Submit Date:

Mar 4, 2016

Approval Date: April 21, 2016

Signature: Francis McCullough /s/



# Medicaid Eligibility

State Name: District of Columbia

OMB Control Number: 0938-1148

Transmittal Number: DC - 16 - 0001

Expiration date: 10/31/2014

## Non-Financial Eligibility State Residency

588

42 CFR 435.403

### State Residency

- ☒ The state provides Medicaid to otherwise eligible residents of the state, including residents who are absent from the state under certain conditions.

Individuals are considered to be residents of the state under the following conditions:

- ☐ Non-institutionalized individuals age 21 and over, or under age 21, capable of indicating intent and who are emancipated or married, if the individual is living in the state and:
  - ☐ Intends to reside in the state, including without a fixed address, or
  - ☐ Entered the state with a job commitment or seeking employment, whether or not currently employed.
- ☐ Individuals age 21 and over, not living in an institution, who are not capable of indicating intent, are residents of the state in which they live.
- ☐ Non-institutionalized individuals under 21 not described above and non IV-E beneficiary children:
  - ☐ Residing in the state, with or without a fixed address, or
  - ☐ The state of residency of the parent or caretaker, in accordance with 42 CFR 435.403(h)(1), with whom the individual resides.
- ☐ Individuals living in institutions, as defined in 42 CFR 435.1010, including foster care homes, who became incapable of indicating intent before age 21 and individuals under age 21 who are not emancipated or married:
  - ☐ Regardless of which state the individual resides, if the parent or guardian applying for Medicaid on the individual's behalf resides in the state, or
  - ☐ Regardless of which state the individual resides, if the parent or guardian resides in the state at the time of the individual's placement, or
  - ☐ If the individual applying for Medicaid on the individual's behalf resides in the state and the parental rights of the institutionalized individual's parent(s) were terminated and no guardian has been appointed and the individual is institutionalized in the state.
- ☐ Individuals living in institutions who became incapable of indicating intent at or after age 21, if physically present in the state, unless another state made the placement.
- ☐ Individuals who have been placed in an out-of-state institution, including foster care homes, by an agency of the state.
- ☐ Any other institutionalized individual age 21 or over when living in the state with the intent to reside there, and not placed in the institution by another state.
- ☐ IV-E eligible children living in the state, or
- ☐ Otherwise meet the requirements of 42 CFR 435.403.



# Medicaid Eligibility

Meet the criteria specified in an interstate agreement.

☒ Yes ☐ No

☒ The state has interstate agreements with the following selected states:

- |   |   |  |  |
|---|---|--|--|
| <input checked="" type="checkbox"/> Alabama     | <input checked="" type="checkbox"/> Illinois      | <input checked="" type="checkbox"/> Montana        | <input checked="" type="checkbox"/> Rhode Island   |
| <input checked="" type="checkbox"/> Alaska      | <input checked="" type="checkbox"/> Indiana       | <input checked="" type="checkbox"/> Nebraska       | <input checked="" type="checkbox"/> South Carolina |
| <input checked="" type="checkbox"/> Arizona     | <input checked="" type="checkbox"/> Iowa          | <input checked="" type="checkbox"/> Nevada         | <input checked="" type="checkbox"/> South Dakota   |
| <input checked="" type="checkbox"/> Arkansas    | <input checked="" type="checkbox"/> Kansas        | <input checked="" type="checkbox"/> New Hampshire  | <input checked="" type="checkbox"/> Tennessee      |
| <input checked="" type="checkbox"/> California  | <input checked="" type="checkbox"/> Kentucky      | <input checked="" type="checkbox"/> New Jersey     | <input checked="" type="checkbox"/> Texas          |
| <input checked="" type="checkbox"/> Colorado    | <input checked="" type="checkbox"/> Louisiana     | <input checked="" type="checkbox"/> New Mexico     | <input checked="" type="checkbox"/> Utah           |
| <input checked="" type="checkbox"/> Connecticut | <input checked="" type="checkbox"/> Maine         | <input type="checkbox"/> New York                  | <input checked="" type="checkbox"/> Vermont        |
| <input checked="" type="checkbox"/> Delaware    | <input checked="" type="checkbox"/> Maryland      | <input checked="" type="checkbox"/> North Carolina | <input checked="" type="checkbox"/> Virginia       |
| <input type="checkbox"/> District of Columbia   | <input checked="" type="checkbox"/> Massachusetts | <input checked="" type="checkbox"/> North Dakota   | <input checked="" type="checkbox"/> Washington     |
| <input checked="" type="checkbox"/> Florida     | <input checked="" type="checkbox"/> Michigan      | <input checked="" type="checkbox"/> Ohio           | <input checked="" type="checkbox"/> West Virginia  |
| <input checked="" type="checkbox"/> Georgia     | <input checked="" type="checkbox"/> Minnesota     | <input checked="" type="checkbox"/> Oklahoma       | <input checked="" type="checkbox"/> Wisconsin      |
| <input checked="" type="checkbox"/> Hawaii      | <input checked="" type="checkbox"/> Mississippi   | <input checked="" type="checkbox"/> Oregon         | <input type="checkbox"/> Wyoming                   |
| <input checked="" type="checkbox"/> Idaho       | <input checked="" type="checkbox"/> Missouri      | <input checked="" type="checkbox"/> Pennsylvania   |  |

☒ The interstate agreement contains a procedure for providing Medicaid to individuals pending resolution of their residency status and criteria for resolving disputed residency of individuals who (select all that apply):

- ☒ Are IV-E eligible
- ☐ Are in the state only for the purpose of attending school
- ☐ Are out of the state only for the purpose of attending school
- ☐ Retain addresses in both states
- ☒ Other type of individual

	Name of Type	Description	
<input checked="" type="checkbox"/>	IV-E Eligible Children Placed Out of District	Medicaid Coverage of Title IV-E Foster Care Children Placed Outside of the District SPA Attachment. This document sets out the requirements for enrollment in the District Medicaid program for otherwise eligible individuals who are not residents of the District. Further, the attachment establishes a process for determining when enrollment in the District's Medicaid program may not be in the child's best interest.	<input checked="" type="checkbox"/>



# Medicaid Eligibility

The state has a policy related to individuals in the state only to attend school.

☐ Yes ☒ No

☒ Otherwise meet the criteria of resident, but who may be temporarily absent from the state.

The state has a definition of temporary absence, including treatment of individuals who attend school in another state.

☒ Yes ☐ No

Provide a description of the definition:

An individual who is absent from the District of Columbia, but otherwise meets the criteria of a resident, if the individual:

Considers the District to be his or her fixed place of residence to which he or she will return to following temporary absences with the intent to reside; and

(a) Is absent from the District for less than ninety (90) days; or

(b) Is absent from the District for more than ninety (90) days for good cause as determined by the State Agency.

Good cause may include, but is not limited to, the following:

(a) School attendance: an individual under the age of twenty-one (21) who is away from the District for the sole purpose of attending a boarding school or other educational facility, if otherwise eligible, may retain Medicaid eligibility;

(b) Medical care: an individual in-need of medical care outside of the District, if otherwise eligible, may retain Medicaid eligibility so long as the need for medical care continues; or

(c) U.S. military service: an individual with full-time employment in the U.S. military service, if otherwise eligible, may retain Medicaid eligibility while away from the District due to a duty assignment.

## 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.

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