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State/Territory Name: District of Columbia

State Plan Amendment (SPA) #: 20-0010

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS 179 Form/Summary Form (with 179-like data)
- 3) Approved SPA Pages

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DC - Submission Package - DC2020MS00070 - (DC-20-0010) - Eligibility


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CMS-10434 OMB 0938-1188

Package Information

Package ID	DC2020MS00070	Submission Type	Official
Program Name	N/A	State	DC
SPA ID	DC-20-0010	Region	Philadelphia, PA
Version Number	6	Package Status	Approved
Submitted By	Eugene Simms	Submission Date	12/29/2020
Package Disposition		Approval Date	5/6/2021 5:11 PM EDT
Priority Code	P2		

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
Medicaid and CHIP Operations Group
601 E. 12th St., Room 355
Kansas City, MO 64106



Center for Medicaid & CHIP Services

May 06, 2021

Melisa Byrd
Medicaid Director
Department of Health Care Finance
441 4th Street, NW, 9th Floor South
Washington, DC 20001

Re: Approval of State Plan Amendment DC-20-0010

Dear Melisa Byrd,

On December 29, 2020, the Centers for Medicare and Medicaid Services (CMS) received District of Columbia State Plan Amendment (SPA) DC-20-0010. This amendment was submitted to request approval of the new, integrated multi-benefit paper application.

We conducted our review of your submittal according to statutory requirements in Title XIX of the Social Security Act and implementing regulations. This SPA is acceptable. This letter is to inform you that we are approving the District's new, multi-benefit paper application.

We approve District of Columbia State Plan Amendment (SPA) DC-20-0010 with an effective date(s) of July 01, 2021.

If you have any questions regarding this amendment, please contact Dan Belnap at 215-861-4273 or via email at Dan.Belnap@cms.hhs.gov.

Sincerely,

James G. Scott

Director, Division of Program
Operations

Center for Medicaid & CHIP Services

Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | DC2020MS00070 | DC-20-0010

Package Header

Package ID	DC2020MS00070	SPA ID	DC-20-0010
Submission Type	Official	Initial Submission Date	12/29/2020
Approval Date	5/6/2021	Effective Date	N/A
Superseded SPA ID	N/A		

State Information

State/Territory Name: District of Columbia

Medicaid Agency Name: Department of Health Care Finance

Submission Component

- State Plan Amendment
- Medicaid
- CHIP

Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | DC2020MS00070 | DC-20-0010

Package Header

Package ID	DC2020MS00070	SPA ID	DC-20-0010
Submission Type	Official	Initial Submission Date	12/29/2020
Approval Date	5/6/2021	Effective Date	N/A
Superseded SPA ID	N/A		

SPA ID and Effective Date

SPA ID DC-20-0010

Reviewable Unit	Proposed Effective Date	Superseded SPA ID
Application	7/1/2021	N/A

Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | DC2020MS00070 | DC-20-0010

Package Header

Package ID	DC2020MS00070	SPA ID	DC-20-0010
Submission Type	Official	Initial Submission Date	12/29/2020
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Executive Summary

Summary Description Including Goals and Objectives The District is submitting an integrated Medicaid/SNAP/TANF application to CMS for review that will serve as the alternate single streamlined application for the District. The District proposes an effective date for use of July 1, 2021. The currently proposed application is a paper application. The online application referenced in section B was previously approved by CMS via SPA 13-0016MM.

Federal Budget Impact and Statute/Regulation Citation

Federal Budget Impact

	Federal Fiscal Year	Amount
First	2021	\$0
Second	2022	\$0

Federal Statute / Regulation Citation

42 CFR § 435.907

Supporting documentation of budget impact is uploaded (optional).

Name	Date Created
No items available	

Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | DC2020MS00070 | DC-20-0010

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Approval Date	5/6/2021	Effective Date	N/A
Superseded SPA ID	N/A		

Governor's Office Review

- No comment
- Comments received
- No response within 45 days
- Other

Describe The District receives comments from the Mayor's Office for State Plan Amendments. For this integrated application, DHCF sought and received comments from the Department of Human Services, which is the designated agency responsible for determining eligibility and assisting with the application process.

Submission - Public Comment

MEDICAID | Medicaid State Plan | Eligibility | DC2020MS00070 | DC-20-0010

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Indicate whether public comment was solicited with respect to this submission.

- Public notice was not federally required and comment was not solicited
- Public notice was not federally required, but comment was solicited
- Public notice was federally required and comment was solicited

Submission - Tribal Input

MEDICAID | Medicaid State Plan | Eligibility | DC2020MS00070 | DC-20-0010

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Superseded SPA ID	N/A		

One or more Indian Health Programs or Urban Indian Organizations furnish health care services in this state

- Yes
- No

Medicaid State Plan Eligibility

General Eligibility Requirements

Application

MEDICAID | Medicaid State Plan | Eligibility | DC2020MS00070 | DC-20-0010

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Approval Date	5/6/2021	Effective Date	7/1/2021
Superseded SPA ID	N/A		
	User-Entered		

A. MAGI Paper Application


The state uses the following paper application(s) for individuals applying for coverage based on the applicable modified adjusted gross income (MAGI) standard.

- 1. 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
- 2. One or more alternative single, streamlined applications 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
- 3. One or more alternative applications used to apply for multiple human service programs approved by the Secretary, provided that the agency makes readily available the single streamlined application used only for insurance affordability programs to individuals seeking assistance only through such programs

Name

Integrated Application for Food, Medical, and Cash Benefits

The alternative multi-program paper application(s) has been uploaded.

Document Name	Date Created	
Integrated Application 05032021	5/3/2021 12:04 PM EDT	

- 4. Other alternative applications, provided that the agency makes readily available the single streamlined application used only for insurance affordability programs to individuals seeking assistance only through such programs

Application

MEDICAID | Medicaid State Plan | Eligibility | DC2020MS00070 | DC-20-0010

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Superseded SPA ID	N/A		

User-Entered

B. MAGI Online Application

The state uses the following online application(s) for individuals applying for coverage based on the applicable MAGI standard.

- 1. 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
- 2. One or more 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
- 3. One or more alternative application used to apply for multiple human service programs approved by the Secretary, provided that the agency makes readily available the single application used only for insurance affordability programs to individuals seeking assistance only through such programs
- 4. Other alternative applications, provided that the agency makes readily available the single streamlined application used only for insurance affordability programs to individuals seeking assistance only through such programs

Application

MEDICAID | Medicaid State Plan | Eligibility | DC2020MS00070 | DC-20-0010

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Superseded SPA ID	N/A		
	User-Entered		

C. Basis Other than MAGI - Paper Application

The state uses the following paper application(s) for individuals applying for coverage on a basis other than the applicable MAGI standard:

- 1. 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
- 2. One or more applications designed specifically to determine eligibility on a basis other than the applicable MAGI standard which minimizes the burden on applicants, submitted to the Secretary
- 3. One or more applications used to apply for multiple human service programs


Name

Combined Application for Food, Medical, and Cash Benefits

This application for multiple human service programs is the same one used for applicants on the basis of the applicable MAGI standard.

- Yes
- No

The paper application(s) has been uploaded.

Document Name	Date Created	
combined application form_eng1	3/24/2021 12:05 PM EDT	

- 4. Other alternative applications

Application

MEDICAID | Medicaid State Plan | Eligibility | DC2020MS00070 | DC-20-0010

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Superseded SPA ID	N/A		

User-Entered

D. Other than MAGI - Online Application

The state uses the following online application(s) for individuals applying for coverage who may be eligible on a basis other than the applicable MAGI standard:

- 1. The single, streamlined application developed by the Secretary or one of the alternate online forms developed by the state and approved by the Secretary, and supplemental online forms to collect additional information needed to determine eligibility on such other basis, submitted to the Secretary
- 2. One or more 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
- 3. One or more application used to apply for multiple human service programs

Name

Combined Application for Food, Medical, and Cash Benefits

Screenshots or other documentation of the multi-program online application(s) have been uploaded.

Document Name	Date Created	
combined application form_eng1	3/24/2021 12:50 PM EDT	

- 4. Other alternative applications

Application

MEDICAID | Medicaid State Plan | Eligibility | DC2020MS00070 | DC-20-0010

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	User-Entered		

E. Additional Information (optional)

PRA Disclosure Statement: Centers for Medicare & Medicaid Services (CMS) collects this mandatory information in accordance with (42 U.S.C. 1396a) and (42 CFR 430.12); which sets forth the authority for the submittal and collection of state plans and plan amendment information in a format defined by CMS for the purpose of improving the state application and federal review processes, improve federal program management of Medicaid programs and Children's Health Insurance Program, and to standardize Medicaid program data which covers basic requirements, and individualized content that reflects the characteristics of the particular state's program. The information will be used to monitor and analyze performance metrics related to the Medicaid and Children's Health Insurance Program in efforts to boost program integrity efforts, improve performance and accountability across the programs. Under the Privacy Act of 1974 any personally identifying information obtained will be kept private to the extent of the law. 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 0938-1188. The time required to complete this information collection is estimated to range from 1 hour to 80 hours per response (see below), 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.

This view was generated on 5/7/2021 12:08 PM EDT