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State Name: District of Columbia

State Plan Amendment (SPA) #: 21-0017

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

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
601 E. 12th St., Room 355
Kansas City, Missouri 64106



Medicaid and CHIP Operations Group

November 9, 2021

Melisa Byrd, Senior Deputy Director
Medicaid Director
District of Columbia Department of Health Care Finance
441 4th Street, NW, Suite 900S
Washington, DC 20001

Dear Ms. Byrd:

The Centers for Medicare & Medicaid Services (CMS) has reviewed the District of Columbia's State Plan Amendment (SPA) 21-0017, entitled 1932(a) Managed Care/Children and Adolescents for Supplemental Security Income Program (CASSIP). This amendment proposes to authorize the District of Columbia's Medicaid program to allow individuals who are receiving supplemental security income, are age twenty-one or older, and are currently enrolled in the CASSIP program to voluntarily remain enrolled in CASSIP until age twenty-six effective October 1, 2021.

We are pleased to inform you that this amendment is approved with an effective date of October 1, 2021. Enclosed is a copy of the CMS Summary Page (CMS-179) and the approved State Plan pages.

We appreciate the assistance and cooperation provided by your staff throughout the SPA review process. If you have any questions or need assistance, please contact Ellen Reap of my staff at 215-861-4735.

Sincerely,

A solid black rectangular box redacting the signature of Shantrina Roberts.

Shantrina Roberts, Deputy Director
Division of Managed Care Operations

cc: Mario Ramsey, DHCF
Sabrina Tillman-Boyd, CMCS

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES	1. TRANSMITTAL NUMBER: 21-0017	2. STATE: District of Columbia
	3. PROGRAM IDENTIFICATION: Title XIX of the Social Security Act	

TO: Regional Administrator Centers for Medicare & Medicaid Services Department of Health and Human Services	4. PROPOSED EFFECTIVE DATE: October 1, 2021
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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: Section 1932(a) of the Social Security Act	7. FEDERAL BUDGET IMPACT: FFY22: \$0 FFY23: \$0
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8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Attachment 3.1-F, pp. 4 - 7	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (<i>If Applicable</i>): Attachment 3.1-F, pp. 4 - 7
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10. SUBJECT OF AMENDMENT:
Managed Care/Children and Adolescents for Supplemental Security Income Program (CASSIP)

11. GOVERNOR'S REVIEW (*Check One*):

GOVERNOR'S OFFICE REPORTED NO COMMENT OTHER, AS SPECIFIED:
 COMMENTS OF GOVERNOR'S OFFICE ENCLOSED **D.C. Act: 22-434**
 NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

12. SIGNATURE OF STATE AGENCY OFFICIAL 	16. RETURN TO Melisa Byrd Senior Deputy Director/Medicaid Director Department of Health Care Finance 441 4 th Street, NW, 9 th Floor, South Washington, DC 20001
13. TYPED NAME Melisa Byrd	
14. TITLE Senior Deputy Director/Medicaid Director	
15. DATE SUBMITTED October 1, 2021	

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED 10/01/2021	18. DATE APPROVED 11/9/2021
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PLAN APPROVED – ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL 10/01/2021	20. SIGNATURE OF REGIONAL OFFICIAL 
21. TYPED NAME Shantrina Roberts	22. TITLE Deputy Director, Division of Managed Care Operations

Citation	Condition or Requirement
42 CFR 438.5 42 CFR 438.7 42 CFR 438.8 42 CFR 438.74 42 CFR 438.50(c)(6)	
1932(a)(1)(A) 42 CFR 447.362 42 CFR 438.50(c)(6)	8. <input checked="" type="checkbox"/> The state assures that all applicable requirements of 42 CFR 447.362 for payments under any non-risk contracts will be met.
45 CFR 75.326	9. <input checked="" type="checkbox"/> The state assures that all applicable requirements of 45 CFR 75.326 for procurement of contracts will be met.
42 CFR 438.66	10. Assurances regarding state monitoring requirements: <input checked="" type="checkbox"/> The state assures that all applicable requirements of 42 CFR 438.66(a), (b), and (c), regarding a monitoring system and using data to improve the performance of its managed care program, will be met. <input checked="" type="checkbox"/> The state assures that all applicable requirements of 42 CFR 438.66(d), regarding readiness assessment, will be met. <input checked="" type="checkbox"/> The state assures that all applicable requirements of 42 CFR 438.66(e), regarding reporting to CMS about the managed care program, will be met.
1932(a)(1)(A) 1932(a)(2)	E. <u>Populations and Geographic Area</u> 1. Included Populations. Please check which eligibility groups are included, if they are enrolled on a Mandatory (M) or Voluntary (V) basis (as defined in 42 CFR 438.54(b)) or Excluded (E) , and the geographic scope of enrollment. Under the Geographic Area column, please indicate whether the nature of the population's enrollment is on a statewide basis, or if on less than a statewide basis, please list the applicable counties/regions. Also, if type of enrollment varies by geographic area (for example, mandatory in some areas and voluntary in other areas), please note specifics in the Geographic Area column. Under the Notes column, please note any additional relevant details about the population or enrollment.

A. Mandatory Eligibility Groups (Eligibility Groups to which a state must provide Medicaid coverage)
1. Family/Adult

Eligibility Group	Citation (Regulation [42 CFR] or SSA)	M	V	E	Geographic Area (include specifics if M/V/E varies by area)	Notes
1. Parents and Other Caretaker Relatives	§435.110	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Statewide	*Adults who will become dually eligible for Medicare and Medicaid within ninety (90) days of assignment to a

						mandatory managed care eligibility group and certain children who are under age twenty-one (21) and have special health care needs shall be permitted to opt out of managed care.
2. Pregnant Women	§435.116	✓			Statewide	*See note in E.1.A.1.
3. Children Under Age 19 (Inclusive of Deemed Newborns under §435.117)	§435.118	✓			Statewide	*See note in E.1.A.1.
4. Former Foster Care Youth (up to age 26)	§435.150	✓			Statewide	*See note in E.1.A.1.
5. Adult Group (Non-pregnant individuals age 19-64 not eligible for Medicare with income no more than 133% FPL)	§435.119	✓			Statewide	*See note in E.1.A.1.
6. Transitional Medical Assistance (Includes adults and children, if not eligible under §435.116, §435.118, or §435.119)	1902(a)(52), 1902(e)(1), 1925, and 1931(c)(2) of SSA	✓			Statewide	*See note in E.1.A.1.
7. Extended Medicaid Due to Spousal Support Collections	§435.115	✓			Statewide	*See note in E.1.A.1.

2. Aged/Blind/Disabled Individuals

Eligibility Group	Citation (Regulation [42 CFR] or SSA)	M	V	E	Geographic Area (include specifics if M/V/E varies by area)	Notes
8. Individuals Receiving SSI age 19 and over only (See E.2. below regarding age <19)	§435.120	✓			Statewide	*See note in E.1.A.1. **Individuals receiving SSI who are age 21 or over and in the Children and Adolescents for Supplemental Security Income Program (CASSIP) (the District's managed care program for children under age 26 and receiving SSI) prior to October 1, 2021 may voluntarily remain in CASSIP until age 26. Individuals 21 or over receiving SSI

						and not enrolled in CASSIP will be mandatorily enrolled in a managed care other than CASSIP, unless the note in E.1.A.1 applies.
9. Aged and Disabled Individuals in 209(b) States	§435.121					N/A
10. Individuals Who Would be Eligible for SSI/SSP but for OASDI COLA Increase since April, 1977	§435.135	✓			Statewide	*See note in E.1.A.1.
11. Disabled Widows and Widowers Ineligible for SSI due to an increase of OASDI	§435.137	✓			Statewide	*See notes in E.1.A.1 and E.1.A.2.8.
12. Disabled Widows and Widowers Ineligible for SSI due to Early Receipt of Social Security	§435.138	✓			Statewide	*See note in E.1.A.1.
13. Working Disabled under 1619(b)	1619(b), 1902(a)(10)(A)(i) II, and 1905(q) of SSA	✓			Statewide	*See notes in E.1.A.1 and E.1.A.2.8.
14. Disabled Adult Children	1634(c) of SSA	✓			Statewide	*See note in E.1.A.1 and E.1.A.2.8.

B. Optional Eligibility Groups
1. Family/Adult

Eligibility Group	Citation (Regulation [42 CFR] or SSA)	M	V	E	Geographic Area (include specifics if M/V/E varies by area)	Notes
1. Optional Parents and Other Caretaker Relatives	§435.220					N/A
2. Optional Targeted Low-Income Children	§435.229					N/A
3. Independent Foster Care Adolescents Under Age 21	§435.226		✓		Statewide	*See note in E.1.A.1.
4. Individuals Under Age 65 with Income Over 133%	§435.218	✓			Statewide	*See note in E.1.A.1.
5. Optional Reasonable Classifications of Children Under Age 21	§435.222	✓			Statewide	*See note in E.1.A.1.
6. Individuals Electing COBRA Continuation Coverage	1902(a)(10)(F) of SSA					N/A

2. Aged/Blind/Disabled Individuals

Eligibility Group	Citation (Regulation [42 CFR] or SSA)	M	V	E	Geographic Area (include specifics if M/V/E varies by area)	Notes
7. Aged, Blind or Disabled Individuals Eligible for but Not Receiving Cash	§435.210 and §435.230	✓			Statewide	* See note in E.1.A.1.
8. Individuals eligible for Cash except for Institutionalized Status	§435.211			✓	Statewide	
9. Individuals Receiving Home and Community-Based Waiver Services Under Institutional Rules	§435.217			✓	Statewide	
10. Optional State Supplement Recipients - 1634 and SSI Criteria States – with 1616 Agreements	§435.232	✓			Statewide	* See note in E.1.A.1.
11. Optional State Supplemental Recipients- 209(b) States and SSI criteria States without 1616 Agreements	§435.234					N/A
12. Institutionalized Individuals Eligible under a Special Income Level	§435.236			✓	Statewide	
13. Individuals Participating in a PACE Program under Institutional Rules	1934 of the SSA			✓	Statewide	
14. Individuals Receiving Hospice Care	1902(a)(10)(A)(ii)(VII) and 1905(o) of the SSA					N/A
15. Poverty Level Aged or Disabled	1902(a)(10)(A)(ii)(X) and 1902(m)(1) of the SSA	✓			Statewide	* See notes in E.1.A.1 and E.1.A.2.8.
16. Work Incentive Group	1902(a)(10)(A)(ii)(XIII) of the SSA					N/A
17. Ticket to Work Basic Group	1902(a)(10)(A)(ii)(XV) of the SSA					N/A
18. Ticket to Work Medically Improved Group	1902(a)(10)(A)(ii)(XVI) of the SSA					N/A
19. Family Opportunity Act Children with Disabilities	1902(a)(10)(A)(ii)(XIX) of the SSA					N/A
20. Individuals Eligible for State Plan Home and Community-Based Services	§435.219					N/A