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**State/Territory Name: DC**

**State Plan Amendment (SPA) #: 22-0001**

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- 3) Approved SPA Pages

# DC - Submission Package - DC2022MS0001O - (DC-22-0001) - Eligibility

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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

June 16, 2022

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

Re: Approval of State Plan Amendment DC-22-0001

Dear Melisa Byrd ,

On April 01, 2022, the Centers for Medicare and Medicaid Services (CMS) received District of Columbia State Plan Amendment (SPA) DC-22-0001, in which the District of Columbia proposed to elect the option to provide 12-months of extended postpartum coverage for individuals who were eligible and enrolled in Medicaid during their pregnancy.

We approve District of Columbia State Plan Amendment (SPA) DC-22-0001 with an effective date(s) of April 01, 2022.

If you have any questions regarding this amendment, please contact LCDR Frankeena Wright at [frankeena.mcguire@cms.hhs.gov](mailto:frankeena.mcguire@cms.hhs.gov)

Sincerely,  
James G. Scott  
Director  
Center for Medicaid & CHIP Services

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## Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | DC2022MS0001O | DC-22-0001

CMS-10434 OMB 0938-1188

### Package Header

<b>Package ID</b>	DC2022MS0001O	<b>SPA ID</b>	DC-22-0001
<b>Submission Type</b>	Official	<b>Initial Submission Date</b>	4/1/2022
<b>Approval Date</b>	6/16/2022	<b>Effective Date</b>	N/A
<b>Superseded SPA ID</b>	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 | DC2022MS0001O | DC-22-0001

### Package Header

**Package ID** DC2022MS0001O  
**Submission Type** Official  
**Approval Date** 6/16/2022  
**Superseded SPA ID** N/A

**SPA ID** DC-22-0001  
**Initial Submission Date** 4/1/2022  
**Effective Date** N/A

### SPA ID and Effective Date

**SPA ID** DC-22-0001

Reviewable Unit	Proposed Effective Date	Superseded SPA ID
Continuous Eligibility for Pregnant Women and Extended Postpartum Coverage	4/1/2022	New

**Page Number of the Superseded Plan Section or Attachment (If Applicable):**

## Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | DC2022MS0001O | DC-22-0001

### Package Header

<b>Package ID</b>	DC2022MS0001O	<b>SPA ID</b>	DC-22-0001
<b>Submission Type</b>	Official	<b>Initial Submission Date</b>	4/1/2022
<b>Approval Date</b>	6/16/2022	<b>Effective Date</b>	N/A
<b>Superseded SPA ID</b>	N/A		

### Executive Summary

**Summary Description Including Goals and Objectives** The District would like to elect the option to provide 12-months of extended postpartum coverage for individuals who were eligible and enrolled in Medicaid during their pregnancy. This new option was established by section 9812 of the American Rescue Plan Act of 2021, and is described at section 1902(e)(16) of the Social Security Act (the Act).

### Federal Budget Impact and Statute/Regulation Citation

#### Federal Budget Impact

	Federal Fiscal Year	Amount
First	2022	\$305849
Second	2023	\$404349

#### Federal Statute / Regulation Citation

Section 9812 of the American Rescue Plan Act of 2021, and is described at § 1902(e)(16) of the Social Security Act.

Supporting documentation of budget impact is uploaded (optional).

Name	Date Created	
No items available		

## Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | DC2022MS00010 | DC-22-0001

### Package Header

<b>Package ID</b>	DC2022MS00010	<b>SPA ID</b>	DC-22-0001
<b>Submission Type</b>	Official	<b>Initial Submission Date</b>	4/1/2022
<b>Approval Date</b>	6/16/2022	<b>Effective Date</b>	N/A
<b>Superseded SPA ID</b>	N/A		

### Governor's Office Review

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

**Describe** D.C. Act 22-434

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 6/16/2022 9:10 AM EDT*

# DC - Submission Package - DC2022MS0001O - (DC-22-0001) - Eligibility

Summary Reviewable Units Versions Correspondence Log Analyst Notes Review Assessment Report Approval Letter Transaction Logs

News **Related Actions**

## Medicaid State Plan Eligibility

### Eligibility and Enrollment Processes

#### Continuous Eligibility for Pregnant Women and Extended Postpartum Coverage

MEDICAID | Medicaid State Plan | Eligibility | DC2022MS0001O | DC-22-0001

CMS-10434 OMB 0938-1188

#### Package Header

<b>Package ID</b>	DC2022MS0001O	<b>SPA ID</b>	DC-22-0001
<b>Submission Type</b>	Official	<b>Initial Submission Date</b>	4/1/2022
<b>Approval Date</b>	6/16/2022	<b>Effective Date</b>	<u>4/1/2022</u>
<b>Superseded SPA ID</b>	New User-Entered		

The state provides continuous eligibility for pregnant individuals and extended postpartum coverage in accordance with the following provisions:

#### A. Mandatory Continuous Eligibility for Pregnant Women

The state provides continuous eligibility to pregnant individuals who were eligible and enrolled under the state plan, without regard to any changes in income that otherwise would result in ineligibility, through the last day of the month in which a 60-day postpartum period (beginning on the last day of the pregnancy) ends. This extension does not apply to pregnant individuals eligible only during a period of presumptive eligibility.

#### B. Optional 12-Month Postpartum Continuous Eligibility for Pregnant Women

The state provides continuous eligibility to pregnant individuals who were eligible and enrolled under the state plan while pregnant (including during a period of retroactive eligibility) through the last day of the month in which a 12-month postpartum period (beginning on the last day of the pregnancy) ends. The 12-month postpartum continuous eligibility option applies for the period beginning on the effective date of this reviewable unit and is available through March 31, 2027 (or other date as specified by law).

Yes

No

- This extension does not apply to pregnant individuals eligible only during a period of presumptive eligibility.
- Full benefits are provided for a pregnant or postpartum individual under this option. This includes all items and services covered under the state plan (or waiver) that are not less in amount, duration, or scope than, or are determined by the Secretary to be substantially equivalent to, the medical assistance available for an individual described in subsection 1902 (a)(10)(A)(i) of the Act.
- Continuous eligibility is provided to pregnant individuals eligible and enrolled under the state plan through the end of the 12-month postpartum period who would otherwise lose eligibility because of a change in circumstances, unless:
  - The individual requests voluntary termination of eligibility;
  - The individual ceases to be a resident of the state;
  - The Medicaid agency determines that eligibility was determined incorrectly at the most recent determination or redetermination of eligibility because of agency error or fraud, abuse or perjury attributed to the individual; or
  - The individual dies.

#### C. 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.

