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

State Plan Amendment (SPA) #: **22-0014**

This file contains the following documents in the order listed:

- 1) Approval Letter
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- 3) Approved SPA Pages

DC - Submission Package - DC2022MS0004O - (DC-22-0014) - Eligibility

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CMS-10434 OMB 0938-1188

Package Information

Package ID	DC2022MS0004O	Submission Type	Official
Program Name	N/A	State	DC
SPA ID	DC-22-0014	Region	Philadelphia, PA
Version Number	5	Package Status	Approved
Submitted By	Mario Ramsey	Submission Date	12/31/2022
Package Disposition		Approval Date	3/29/2023 11:32 AM EDT
Priority Code	P2		
Lead Division	DMEP		

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

March 29, 2023

Wayne Turnage
Director
Department of Health Care Finance
441 4th Street, NW
Washington, DC 20001

Re: Approval of State Plan Amendment DC-22-0014

Dear Wayne Turnage,

On December 31, 2022, the Centers for Medicare and Medicaid Services (CMS) received District of Columbia State Plan Amendment (SPA) DC-22-0014, in which the District of Columbia proposed to adopt certain income disregards and make various eligibility-related updates to the state plan.

We approve District of Columbia State Plan Amendment (SPA) DC-22-0014 with an effective date(s) of October 01, 2022.

If you have any questions regarding this amendment, please contact Dan Belnap 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 | DC2022MS00040 | DC-22-0014

Package Header

Package ID	DC2022MS00040	SPA ID	DC-22-0014
Submission Type	Official	Initial Submission Date	12/31/2022
Approval Date	3/29/2023	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Superseded SPA ID	N/A		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 | DC2022MS00040 | DC-22-0014

Package Header

Package ID DC2022MS00040
Submission Type Official
Approval Date 3/29/2023
Superseded SPA ID N/A

SPA ID DC-22-0014
Initial Submission Date 12/31/2022
Effective Date N/A

SPA ID and Effective Date

SPA ID DC-22-0014

Reviewable Unit	Proposed Effective Date	Superseded SPA ID
Eligibility Determinations of Individuals Age 65 or Older or Who Have Blindness or a Disability	10/1/2022	18-0004
Non-MAGI Methodologies	10/1/2022	91-9; 92-1; 05-02
Medically Needy Income Level	10/1/2022	91-9; 94-12
Handling of Excess Income (Spenddown)	10/1/2022	91-9
Medically Needy Resource Level	10/1/2022	91-9
Mandatory Eligibility Groups	10/1/2022	NEW
Adult Group	10/1/2022	13-07
SSI Beneficiaries	10/1/2022	92-1
Optional Eligibility Groups	10/1/2022	NEW
Reasonable Classifications of Individuals under Age 21	10/1/2022	13-07
Children with Non-IV-E Adoption Assistance	10/1/2022	13-07; 13-08
Independent Foster Care Adolescents	10/1/2022	13-07; 13-08
Individuals above 133% FPL under Age 65	10/1/2022	15-0010
Individuals Needing Treatment for Breast or Cervical Cancer	10/1/2022	02-05
Individuals Eligible for but Not Receiving Cash Assistance	10/1/2022	91-9; 05-02; 08-01
Individuals Eligible for Cash Except for Institutionalization	10/1/2022	91-9; 05-02; 08-01
Individuals Receiving Home and Community-Based Waiver Services under Institutional Rules	10/1/2022	02-03
Optional State Supplement Beneficiaries	10/1/2022	85-04; 91-9
Individuals in Institutions Eligible under a Special Income Level	10/1/2022	02-03; 05-02; 07-03; 08-1
PACE Participants	10/1/2022	New
Children under Age 19 with a Disability	10/1/2022	99-12; 16-003
Age and Disability-Related Poverty Level	10/1/2022	91-9; 05-02; 07-03; 08-01
Medically Needy Pregnant Women	10/1/2022	05-02; 07-03; 08-01
Medically Needy Children under Age 18	10/1/2022	05-02; 07-03; 08-01

Reviewable Unit	Proposed Effective Date	Superseded SPA ID
Protected Medically Needy Individuals Who Were Eligible in 1973	10/1/2022	05-02; 07-03; 08-01
Medically Needy Reasonable Classifications of Individuals under Age 21	10/1/2022	05-02; 07-03; 08-01
Medically Needy Parents and Other Caretaker Relatives	10/1/2022	05-02; 07-03; 08-01
Medically Needy Populations Based on Age, Blindness or Disability	10/1/2022	05-02; 07-03; 08-01

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

Submission - Summary

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Executive Summary

Summary Description Including Goals and Objectives 1915(i) financial eligibility and other state plan eligibility groups/requirements

Federal Budget Impact and Statute/Regulation Citation

Federal Budget Impact

	Federal Fiscal Year	Amount
First	2022	\$0
Second	2023	\$0

Federal Statute / Regulation Citation

42 USC § 1396n(i); 42 CFR § 440.182
42 USC § 1396a(r)(2); 42 CFR § 435.219

Supporting documentation of budget impact is uploaded (optional).

Name	Date Created	
No items available		

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Governor's Office Review

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

Describe D.C. Act 22-444

Medicaid State Plan Eligibility

Income/Resource Methodologies

Eligibility Determinations of Individuals Age 65 or Older or Who Have Blindness or a Disability

MEDICAID | Medicaid State Plan | Eligibility | DC2022MS0004O | DC-22-0014

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	User-Entered		

A. Eligibility Determinations of Individuals Who Are Age 65 or Older or Who Have Blindness or a Disability

Eligibility determinations of individuals who are age 65 or older or who have blindness or a disability are based on one of the following:

1. SSA Eligibility Determination State (1634 State)

The state has an agreement under section 1634 of the Social Security Act for the Social Security Administration to determine Medicaid eligibility of SSI beneficiaries. For all other individuals who seek Medicaid eligibility on the basis of being age 65 or older or having blindness or a disability, the state requires a separate Medicaid application and determines financial eligibility based on SSI income and resource methodologies.

2. State Eligibility Determination (SSI Criteria State)

The state requires all individuals who seek Medicaid eligibility on the basis of being age 65 or older or having blindness or a disability, including SSI beneficiaries, to file a separate Medicaid application, and determines financial eligibility based on SSI income and resource methodologies.

3. State Eligibility Determination (209(b) State)

The state requires all individuals who seek Medicaid eligibility on the basis of being age 65 or older or having blindness or a disability, including SSI beneficiaries, to file a separate Medicaid application, and determines financial eligibility using income and resource methodologies more restrictive than SSI.

B. Additional information (optional)

Medicaid State Plan Eligibility

Income/Resource Methodologies

Non-MAGI Methodologies

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The state will apply the methodologies as described below, and consistent with 42 CFR 435.601, 435.602, and 435.831.

A. Basic Financial Methodology

1. The state applies the income and resource methodologies of the SSI program when determining eligibility for a population based on age (65 or older) or having blindness or a disability, with the exceptions described below in B. through G.
2. The state applies the financial methodologies of either the SSI program or the AFDC program in effect as of July 16, 1996 (whichever is most closely related) when determining eligibility for a population based on age (as a child), pregnancy, or status as a caretaker relative, with the exceptions described below in B. through G.

B. Use of Less Restrictive Methodologies

1. The state elects to apply income and/or resources methodologies that are less restrictive than those used under the cash assistance programs, in accordance with 42 CFR 435.601(d).

- Yes
 No

2. The less restrictive income and resource methodologies are described on the RU for each applicable eligibility group.

Non-MAGI Methodologies

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C. Financial Responsibility of Relatives

1. In determining financial eligibility for an individual, the state does not include income and resources from anyone other than the individual's spouse, and for individuals under age 21 or who have blindness or disability, the individual's parent.

a. The state includes the income and resources of a spouse or parent only when they are living with the individual in the same household, except as follows:

i. In the case of spouses who are age 65 or older or who have blindness or disability and who share the same room in a Medicaid institution, the state:

- (1) Considers these couples either as living together or as living separately for the purpose of counting income and resources, whichever is more advantageous to the couple.
- (2) Considers these couples as living separately for the purpose of counting income and resources.

ii. Where applicable, the state determines income and resource eligibility consistent with the spousal impoverishment rules of section 1924 of the Act, as described in the Resource Assessment and Eligibility reviewable unit.

b. In the case of individuals under age 21 for whom AFDC is the most closely related cash assistance program, the income and resources of parents and spouses are included only if the individual would have been considered a dependent under the state's approved AFDC state plan in effect as of July 16, 1996.

Non-MAGI Methodologies

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D. Family Size

1. The family size of an individual for whom the SSI income and resource methodologies are used (as described in section A) includes the persons identified below:

- The individual applying, or
- If the individual lives together with his or her spouse, the individual applying and the spouse, or
- If the individual lives together with his or her parent(s) and the individual is under 21 or has blindness or a disability, the individual applying and the parent(s).

2. The family size of an individual for whom the AFDC income and resource methodologies are used (as described in section A.), includes the persons who would have been included in the family under the state's July 16, 1996 AFDC state plan, except where the state has elected to use the MAGI-like methodologies (as described in section E).

3. The state defines family size for one or more of the following FPL eligibility groups to include others beyond those identified in D.1. and D.2.

- Yes
- No
- a. Qualified Medicare Beneficiaries (described in section 1902(a)(10)(E)(i) of the Act)
- b. Specified Low Income Medicare Beneficiaries (described in section 1902(a)(10)(E)(iii) of the Act)
- c. Qualifying Individuals (described in section 1902(a)(10)(E)(iv) of the Act)
- d. Qualified Disabled and Working Individuals (described in section 1902(a)(10)(E)(ii) of the Act)
- e. Age and Disability-Related Poverty Level (described in section 1902(a)(10)(A)(ii)(X) of the Act)
- f. Work Incentives (described in section 1902(a)(10)(A)(ii)(XIII) of the Act)
- g. Family Opportunity Act Children with a Disability (described in section 1902(a)(10)(A)(ii)(XIX) of the Act)
- h. Individuals Receiving State Plan Home and Community-Based Services (described in 42 CFR 435.219)

4. The state uses the same definition of family size for the selected FPL eligibility groups.

- Yes
- No

5. For the selected FPL eligibility groups, family size is defined as follows:

- a. Family is defined as the individual, the individual's spouse and the individual's children under age 18 living together in the same household. If the individual is a child, the child's parents and siblings under age 18 are also included in the household if living together.

Optional description:

- b. The state uses another definition of family.

Non-MAGI Methodologies

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E. Use of MAGI-like Methodologies

1. The state uses MAGI-like methodologies for one or more populations for whom the most closely related cash assistance program would be the AFDC program in effect as of July 16, 1996.

- Yes
- No

2. The election to use MAGI-like methodologies is described on the RU for each applicable eligibility group.

3. The MAGI-like methodology is consistent with 42 CFR 435.603(b) through (f) with respect to definitions, household income, and definition of household, except:

a. The agency elects to use the MAGI definition of parent when considering the financial responsibility of relatives, which includes natural or biological parents, as well as adopted parents and stepparents.

- Yes
- No

b. Less restrictive methodologies can be used, as described in section B.

c. The financial responsibility requirements for relatives are applicable, as described in section C.

d. The countable income deductions for the medically needy are applicable, when the MAGI-like methodologies are applied to the medically needy, as described in section F.

Non-MAGI Methodologies

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F. Countable Income Deductions for the Medically Needy

In determining countable income for individuals who are age 65 or older or who have blindness or a disability, the state deducts:

1. Amounts that would be deducted in determining eligibility under SSI.
2. The highest amounts that would be deducted in determining eligibility for optional state supplements if these supplements are paid to all individuals who are receiving SSI or would be eligible for SSI except for their income.

Non-MAGI Methodologies

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G. Additional Information (optional)

Medicaid State Plan Eligibility

Income/Resource Standards

Medically Needy Income Level

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A. Income Level Used

1. The state employs a single income level for the medically needy.
2. The income level varies based on differences between shelter costs in urban and rural areas.

- Yes
 No

3. The level used is:

Household size	Standard
6	\$5016.00
7	\$5754.00
8	\$6360.00
9	\$6990.00
10	\$7602.00
1	\$2262.00
2	\$2382.00
3	\$3030.00
4	\$3702.00
5	\$4266.00

The state uses an additional incremental amount for larger household sizes.

- Yes
 No

The dollar amounts increase automatically each year

- Yes
 No

Medically Needy Income Level

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B. Basis for Income Level

1. Minimum Income Level

The minimum income level for this eligibility group is the lower of the state's July 1996 AFDC payment standard or the state's income standard for the Parents and Other Caretaker Relatives eligibility group.

2. Maximum Income Level

The maximum income level for this eligibility group is 133 1/3 percent of the higher of the state's 1996 AFDC payment standard or the state's income standard for the Parents and Other Caretaker Relatives eligibility group.

Medically Needy Income Level

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C. Additional Information (optional)

Additional Information for section A. Income Level Used:

- The dollar amounts are the net income levels protected for maintenance for six (6) months.
- Notwithstanding the indication above that the District does not incrementally increase the MNIL for larger household sizes, the District increases the MNIL by 120 and 1/3 percent of the AFDC payment standard for households larger than ten (10).

Medicaid State Plan Eligibility

Income/Resource Standards

Handling of Excess Income (Spendedown)

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If countable income exceeds the income standard, the state must deduct from income medical expenses incurred by the individual or family or financially responsible relatives that are not subject to payment by a third party, in accordance with 42 CFR 435.831 and 42 CFR 435.121.

A. Budget Periods

Income in excess of the appropriate income standard is considered available for payment of medical or remedial care expenses in budget periods that do not exceed six months.

1. In determining income eligibility, countable income is reduced by the amount of incurred medical or remedial care expenses during the budget period specified below:

- a. One budget period of:
- b. More than one budget period, as described below:
 - i. Community budget period
 - ii. Institutional budget period
 - iii. Other budget period

Name of other budget period:	Length of budget period:	Description:
Non-LTCSS Eligibility Groups	(6) 1 month	One (1) month budget period applies to the following eligibility groups that are not applying for or receiving long term care services and supports (LTCSS): parents and caretaker relatives; individuals under age nineteen (19); individuals aged nineteen (19) or twenty (20); pregnant women; and individuals aged sixty-five (65), blind, or disabled.
LTCSS Eligibility Group	(1) 6 months	Six (6) month budget period applies to individuals applying for or receiving LTCSS.

2. The state includes part or all of the retroactive period in the budget period.

- Yes
- No

Handling of Excess Income (Spendedown)

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B. Types of Eligible Expenses

1. In determining incurred expenses to be deducted from income, the state includes:

- Medicare, Medicaid, and other health insurance premiums and enrollment fees.
- Cost sharing, including copayments, coinsurance, and deductibles, imposed by Medicare, Medicaid or other health insurance.
- Expenses for necessary medical and remedial services recognized by state law but not included in the state plan.
- Expenses for necessary medical and remedial services included in the state plan, including those that exceed limitations on the amount, duration, and scope of services.

2. The state also includes medical institutional expenses projected to the end of the budget period at the Medicaid reimbursement rate.

- Yes
 No

3. Incurred expenses subject to payment by a third party are not deducted unless the third party is a public program (other than Medicaid) of a state and the program is financed by the state.

Handling of Excess Income (Spenddown)

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C. Timeframe of Deduction of Expenses

In determining incurred expenses to be deducted from income, the state deducts:

1. For retroactive budget periods and a budget period that includes both retroactive and prospective budget, the state deducts:

- a. Eligible expenses incurred during the budget period, whether paid or unpaid.
- b. Payments made during the budget period on eligible expenses incurred at any time prior to the budget period, if not previously deducted in establishing eligibility.
- c. Unpaid eligible expenses, which have not been deducted previously in establishing eligibility, and were incurred:
 - i. At any time prior to the budget period.
 - ii. Prior to the third month before the month of application, but no earlier than:
 - iii. No earlier than the third month before the month of application.

2. For prospective budget period(s), the state deducts:

- a. Eligible expenses incurred during the budget period, whether paid or unpaid.
- b. Payments made during the budget period on eligible expenses incurred at any time prior to the budget period, if not previously deducted in establishing eligibility.
- c. Unpaid eligible expenses that are carried over from the prior budget period and have not been deducted previously in establishing eligibility.

Handling of Excess Income (Spendedown)

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D. Order of Deduction of Expenses

Incurred medical or remedial care expenses are deducted in the following order:

- 1. By the type of service, in the following order:
 - a. Premiums, deductibles, coinsurance and co-payments.
 - b. Expenses for necessary medical or remedial care services that are recognized under state law but not included in the State Plan.
 - c. Expenses for necessary medical or remedial care services that are included in the state Plan that exceed agency limitations on amount, duration, or scope of services.
 - d. Expenses for necessary medical or remedial care services that are included in the state Plan that are within the agency limitations on amount, duration, or scope of services.
- 2. In chronological order by the date of the service, or the date cost sharing payments are due.
- 3. In chronological order by the date the bill is submitted to the state by the individual.

Handling of Excess Income (Spendedown)

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E. Reasonable Limitations

The state sets reasonable limits on the amount to be deducted for expenses.

- Yes
- No

Handling of Excess Income (Spendedown)

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F. Spendedown Payments Made by Individuals

The state permits individuals to pay-in their spenddown liability.

- Yes
- No

Handling of Excess Income (Spendedown)

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G. Additional Information (optional)

Medicaid State Plan Eligibility

Income/Resource Standards

Medically Needy Resource Level

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A. Medically Needy Resource Level Structure

1. The state employs a single resource level for the medically needy.
2. The resource level is equal to or higher than the lowest resource standard used under the most closely related cash assistance program.

Medically Needy Resource Level

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B. Resource Level Used

The level used is:

Household size	Standard
1	\$2600.00
2	\$3000.00

The state uses an additional incremental amount for larger household sizes.

- Yes
- No

Incremental Amount:
\$100.00

Medically Needy Resource Level

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C. Additional Information (optional)

Medicaid State Plan Eligibility

Mandatory Eligibility Groups

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Superseded SPA ID	NEW		
	User-Entered		

Mandatory Coverage

A. The state provides Medicaid to mandatory groups of individuals. The mandatory groups covered are:

Families and Adults

Eligibility Group Name		Covered In State Plan	Include RU In Package	Included in Another Submission Package	Source Type
Infants and Children under Age 19		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	CONVERTED
Parents and Other Caretaker Relatives		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	CONVERTED
Pregnant Women		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	CONVERTED
Deemed Newborns		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Children with Title IV-E Adoption Assistance, Foster Care or Guardianship Care		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Former Foster Care Children		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="radio"/>	NEW
Transitional Medical Assistance		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Extended Medicaid due to Spousal Support Collections		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW

Aged, Blind and Disabled

Eligibility Group Name		Covered In State Plan	Include RU In Package	Included in Another Submission Package	Source Type
SSI Beneficiaries		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="radio"/>	APPROVED
Closed Eligibility Groups		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Individuals Deemed To Be Receiving SSI		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Working Individuals under 1619(b)		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Qualified Medicare Beneficiaries		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Qualified Disabled and Working Individuals		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW

Eligibility Group Name		Covered In State Plan	Include RU In Package ?	Included in Another Submission Package	Source Type ?
Specified Low Income Medicare Beneficiaries	?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Qualifying Individuals	?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW

Mandatory Eligibility Groups

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B. The state elects the Adult Group, described at 42 CFR 435.119.

Yes No

Families and Adults

Eligibility Group Name		Covered In State Plan	Include RU In Package 	Included in Another Submission Package	Source Type 
Adult Group		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	APPROVED

C. Additional Information (optional)

Eligibility Groups Deselected from Coverage

The following eligibility groups were previously covered in the source approved version of the state plan and deselected from coverage as part of this submission package:

- N/A

Medicaid State Plan Eligibility

Eligibility Groups - Mandatory Coverage

Adult Group

MEDICAID | Medicaid State Plan | Eligibility | DC2022MS00040 | DC-22-0014

Non-pregnant individuals age 19 through 64, not otherwise mandatorily eligible, with income at or below 133% FPL.

Not Started

In Progress

Complete

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The state covers the Adult Group in accordance with the following provisions:

A. Characteristics

Individuals qualifying under this eligibility group must meet the following criteria:

1. Have attained age 19 but not age 65
2. Are not pregnant
3. Are not entitled to or enrolled for Part A or B Medicare benefits
4. Are not otherwise eligible for and enrolled for mandatory coverage under the state plan in accordance with 42 CFR 435, subpart B.

B. Financial Methodologies

MAGI-based methodologies are used in calculating household income. Please refer as necessary to MAGI-Based Methodologies, completed by the state.

C. Income Standard Used

The amount of the income standard for this group is 133% FPL.

D. Coverage of Dependent Children

Parents or caretaker relatives living with a child under the age specified below are not covered unless the child is receiving benefits under Medicaid, CHIP or through the Exchange or otherwise enrolled in minimum essential coverage, as defined in 42 CFR 435.4.

- 1. Under age 19, or
- 2. A higher age of children, if any covered under the Reasonable Classifications of Children eligibility group (42 CFR 435.222) on March 23, 2010:
 - a. Under age 20
 - b. Under age 21

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Superseded SPA ID	N/A		

E. Additional Information (optional)

In determining eligibility for the medical assistance described in section 1915(i), MAGI-like methodologies are used to determine income, in which only the income of a spouse or the parent of a child under 21 or with a disability is deemed available, except that income above 150% of the federal poverty level is disregarded.

Medicaid State Plan Eligibility

Eligibility Groups - Mandatory Coverage

SSI Beneficiaries

MEDICAID | Medicaid State Plan | Eligibility | DC2022MS00040 | DC-22-0014

Individuals who are age 65 or older, or who have blindness or disability, who receive SSI.

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	User-Entered		

The state covers the mandatory SSI beneficiaries group in accordance with the following provisions:

A. Characteristics

Individuals qualifying under this eligibility group must be receiving SSI, including:

1. Receiving SSI pending a final determination of blindness or disability;
2. Receiving SSI under an agreement with the Social Security Administration to dispose of resources that exceed the SSI dollar limits on resources; or
3. Receiving SSI benefits under section 1619(a) of the Act.

SSI Beneficiaries

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B. Additional Information (optional)

Medicaid State Plan Eligibility

Optional Eligibility Groups

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A. Options for Coverage

The state provides Medicaid to specified optional groups of individuals.

Yes No

















The optional eligibility groups covered in the state plan are (elections made in this screen may not be comprehensive during the transition period from the paper-based state plan to MACPro):

Families and Adults

Eligibility Group Name		Covered In State Plan	Include RU In Package	Included in Another Submission Package	Source Type
Optional Coverage of Parents and Other Caretaker Relatives		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Reasonable Classifications of Individuals under Age 21		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="radio"/>	APPROVED
Children with Non-IV-E Adoption Assistance		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="radio"/>	APPROVED
Independent Foster Care Adolescents		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="radio"/>	APPROVED
Optional Targeted Low Income Children		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Individuals above 133% FPL under Age 65		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="radio"/>	APPROVED
Individuals Needing Treatment for Breast or Cervical Cancer		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="radio"/>	APPROVED
Individuals Eligible for Family Planning Services		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Individuals with Tuberculosis		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Individuals Electing COBRA Continuation Coverage		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW

Aged, Blind and Disabled

Eligibility Group Name		Covered In State Plan	Include RU In Package	Included in Another Submission Package	Source Type
Individuals Eligible for but Not Receiving Cash Assistance		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="radio"/>	APPROVED

Eligibility Group Name		Covered In State Plan	Include RU In Package 	Included in Another Submission Package	Source Type 
Individuals Eligible for Cash Except for Institutionalization		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="radio"/>	APPROVED
Individuals Receiving Home and Community-Based Waiver Services under Institutional Rules		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="radio"/>	APPROVED
Optional State Supplement Beneficiaries		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="radio"/>	APPROVED
Individuals in Institutions Eligible under a Special Income Level		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="radio"/>	APPROVED
PACE Participants		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="radio"/>	APPROVED
Individuals Receiving Hospice		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Children under Age 19 with a Disability		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="radio"/>	APPROVED
Age and Disability-Related Poverty Level		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="radio"/>	APPROVED
Work Incentives		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Ticket to Work Basic		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Ticket to Work Medical Improvements		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Family Opportunity Act Children with a Disability		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Individuals Receiving State Plan Home and Community-Based Services		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Individuals Receiving State Plan Home and Community-Based Services Who Are Otherwise Eligible for HCBS Waivers		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW

Optional Eligibility Groups

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B. Medically Needy Options for Coverage

The state provides Medicaid to specified groups of individuals who are medically needy.

Yes No

The medically needy eligibility groups covered in the state plan are:

1. Mandatory Medically Needy:

Families and Adults

Eligibility Group Name		Covered In State Plan	Include RU In Package ?	Included in Another Submission Package	Source Type ?
Medically Needy Pregnant Women		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="radio"/>	APPROVED
Medically Needy Children under Age 18		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="radio"/>	APPROVED

Aged, Blind and Disabled

Eligibility Group Name		Covered In State Plan	Include RU In Package ?	Included in Another Submission Package	Source Type ?
Protected Medically Needy Individuals Who Were Eligible in 1973		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="radio"/>	APPROVED

2. Optional Medically Needy:

Families and Adults

Eligibility Group Name		Covered In State Plan	Include RU In Package ?	Included in Another Submission Package	Source Type ?
Medically Needy Reasonable Classifications of Individuals under Age 21		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="radio"/>	APPROVED
Medically Needy Parents and Other Caretaker Relatives		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="radio"/>	APPROVED

Aged, Blind and Disabled

Eligibility Group Name		Covered In State Plan	Include RU In Package ?	Included in Another Submission Package	Source Type ?
Medically Needy Populations Based on Age, Blindness or Disability		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="radio"/>	APPROVED

Optional Eligibility Groups

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C. Additional Information (optional)

Eligibility Groups Deselected from Coverage

The following eligibility groups were previously covered in the source approved version of the state plan and deselected from coverage as part of this submission package:

- N/A

Medicaid State Plan Eligibility

Eligibility Groups - Options for Coverage

Reasonable Classification of Individuals under Age 21

MEDICAID | Medicaid State Plan | Eligibility | DC2022MS00040 | DC-22-0014

One or more reasonable classifications of individuals under age 21 who are not mandatorily eligible and who have income at or below a standard established by the state.

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The state covers the reasonable classifications of individuals under age 21 group in accordance with the following provisions:

A. Characteristics

Individuals qualifying under this eligibility group must meet the following criteria:

1. Are under age 21, or a lower age, as specified in C.
2. Have household income at or below the standard established by the state, if the state has an income standard.
3. Are not otherwise eligible for and enrolled in mandatory coverage under the state plan.

B. Financial Methodologies

MAGI-based methodologies are used in calculating household income. Please refer as necessary to MAGI-Based Methodologies, completed by the state.

Reasonable Classification of Individuals under Age 21

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C. Individuals Covered

1. The state covered all children under a specified age or at least one reasonable classification under this eligibility group under its Medicaid state plan as of December 31, 2013, or under a Medicaid 1115 Demonstration as of March 23, 2010 or December 31, 2013, with income standards higher (including disregarding all income) than the current mandatory income standards for the individual's age.

- Yes
- No

2. The state covers at least one age group or reasonable classification of children who were not covered prior to January 1, 2014.

- Yes
- No

3. The state covers at least one age group or reasonable classification of children who were covered prior to January 1, 2014.

- Yes
- No

a. The state covers all children under a specified age limit who were covered prior to January 1, 2014.

- Yes
- No

i. The age of children covered under this eligibility group is:

- (1) Under age 21
- (2) Under age 20
- (3) Under age 19
- (4) Under age 18

ii. In addition, the state covers reasonable classifications of children.

- Yes
- No

Reasonable Classification of Individuals under Age 21

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D. Income Standard Used

- All children under age 21

The income standard for this age group or classification that was covered prior to January 1, 2014 and is still covered is:

- 1. No income test
- 2. The maximum standard **FPL** 216.00%
- 3. Another income standard

Reasonable Classification of Individuals under Age 21

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E. Basis for Income Standard

- All children under age 21

1. Minimum income standard

The minimum income standard for this age group or classification is an FPL percent greater than 133%.

2. Maximum Income Standard

- a. The state certifies that it has submitted and received approval for its converted income standards for this age group or classification to MAGI-equivalent standards and the determination of the maximum income standard to be used for this classification of children under this eligibility group.
- b. The state's maximum income standard for this age group or classification is:
- i. The state's effective income level for this age group or classification under the Medicaid state plan as of March 23, 2010, converted to a MAGI-equivalent percent of FPL or amounts by household size.
 - ii. The state's effective income level for this age group or classification under the Medicaid state plan as of December 31, 2013, converted to a MAGI-equivalent percent of FPL or amounts by household size.
 - iii. The state's effective income level for this age group or classification under a Medicaid 1115 demonstration as of March 23, 2010, converted to a MAGI-equivalent percent of FPL or amounts by household size.
 - iv. The state's effective income level for this age group or classification under a Medicaid 1115 demonstration as of December 31, 2013, converted to a MAGI-equivalent percent of FPL or amounts by household size.
- c. The amount of the maximum income standard is:
- i. A percentage of the federal poverty level:

FPL 216.00%
 - ii. No income test
 - iii. The state's AFDC payment standard in effect as of July 16, 1996, converted to a MAGI-equivalent standard. The standard is described in AFDC Income Standards.
 - iv. The maximum income standard for Parents and Other Caretaker relatives.
 - v. Other dollar amount

Reasonable Classification of Individuals under Age 21

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F. Additional Information (Optional)

In determining eligibility for the medical assistance described in section 1915(i), AFDC methodologies are used to determine income, except that income above 150% of the federal poverty level is disregarded.

Medicaid State Plan Eligibility

Eligibility Groups - Options for Coverage

Children with Non IV-E Adoption Assistance

MEDICAID | Medicaid State Plan | Eligibility | DC2022MS0004O | DC-22-0014

Children with special needs for medical or rehabilitative care for whom there is a non IV-E adoption assistance agreement in effect with a state, who were eligible for Medicaid immediately before the adoption agreement was executed, or who had income at that point in time at or below a standard established by the state .

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	User-Entered		

The state covers the children with non IV-E adoption assistance group in accordance with the following provisions:

A. Characteristics

Individuals qualifying under this eligibility group must meet the following criteria:

1. Are under age 21 or a lower age, as specified in C.
2. Have a state adoption assistance agreement in effect between the adoptive parent(s) and a state.
3. The state adoption agency has determined that they cannot be placed for adoption without Medicaid coverage because of special needs for medical or rehabilitative care.
4. Immediately prior to execution of the adoption agreement, were eligible under the Medicaid state plan of the state with the adoption assistance agreement or, at the state's option, immediately prior to execution of the adoption agreement had income no more than the income standard (which could be no income test) specified in Section D.
5. Are not otherwise eligible for and enrolled in mandatory coverage under the state plan.

B. Financial Methodologies

When income is considered, MAGI-based methodologies are used in calculating household income. Please refer as necessary to MAGI-Based Methodologies, completed by the state.

Children with Non IV-E Adoption Assistance

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C. Individuals Covered

1. The state covers all children under a specified age limit for whom there is an adoption assistance agreement in place from any state.

Yes

No

a. The age of children covered under this eligibility group is.

i. Under age 21

ii. Under age 20

iii. Under age 19

iv. Under age 18

b. In addition, the state covers reasonable classifications of children.

Yes

No

Children with Non IV-E Adoption Assistance

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D. Income Standard Used

1. The state covered this eligibility group in the Medicaid state plan as of December 31, 2013, or under a Medicaid 1115 Demonstration as of March 23, 2010 or December 31, 2013.

- Yes
- No

2. The state used an income standard or disregarded all income for this group either in the Medicaid state plan as of March 23, 2010 or December 31, 2013, or under a Medicaid 1115 Demonstration as of March 23, 2010 or December 31, 2013.

- Yes
- No

Age Group or Classification : All children Under age 21

3. For individuals who were not eligible under the Medicaid state plan immediately prior to execution of the adoption agreement, the state additionally elects to establish an income standard for this age group or classification.

- Yes
- No

4. The income standard used for this age group or classification to determine if the child is eligible now, using the child's household income immediately before the execution of the adoption assistance agreement, is:

- a. No income test
- b. An income standard

Children with Non IV-E Adoption Assistance

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E. Basis for Income Standard - Maximum Income Standard

1. The state certifies that it has submitted and received approval for its converted income standards for this group to MAGI-equivalent standards and the determination of the maximum income standard to be used for this eligibility group.
2. The state's maximum income standard for this eligibility group is:
- a. The state's effective income level for this eligibility group under the Medicaid state plan as of March 23, 2010, converted to a MAGI-equivalent percent of FPL or amounts by household size.
 - b. The state's effective income level for this eligibility group under the Medicaid state plan as of December 31, 2013, converted to a MAGI-equivalent percent of FPL or amounts by household size.
 - c. The state's effective income level for this eligibility group under a Medicaid 1115 demonstration as of March 23, 2010, converted to a MAGI-equivalent percent of FPL or amounts by household size.
 - d. The state's effective income level for this eligibility group under a Medicaid 1115 demonstration as of December 31, 2013, converted to a MAGI-equivalent percent of FPL or amounts by household size.
3. The amount of the maximum income standard is:
- a. A percentage of the federal poverty level
 - b. No income test
 - c. The state's AFDC payment standard in effect as of July 16, 1996, converted to a MAGI-equivalent standard. The standard is described in AFDC Income Standards.
 - d. The maximum income standard for Parents and Other Caretaker relatives.
 - e. Other dollar amount

Children with Non IV-E Adoption Assistance

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F. Additional Information (optional)

In determining eligibility for the medical assistance described in section 1915(i), AFDC methodologies are used to determine income, except that income above 150% of the federal poverty level is disregarded.

Medicaid State Plan Eligibility

Eligibility Groups - Options for Coverage

Independent Foster Care Adolescents

MEDICAID | Medicaid State Plan | Eligibility | DC2022MS0004O | DC-22-0014

Individuals under an age specified by the state who were in foster care on their 18th birthday and who meet the income standard established by the state.

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The state covers the independent foster care adolescents group in accordance with the following provisions:

A. Characteristics

Individuals qualifying under this eligibility group must meet the following criteria:

1. Are under age 21, or a lower age, as specified in C.
2. Were in foster care under the responsibility of a state or Tribe on their 18th birthday.
3. Have household income at or below a standard established by the state, if the state has an income standard.
4. Are not otherwise eligible for and enrolled in mandatory coverage under the state plan.

B. Financial Methodologies

MAGI-based methodologies are used in calculating household income. Please refer as necessary to MAGI-Based Methodologies, completed by the state.

Independent Foster Care Adolescents

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C. Individuals Covered

1. The state covers all children of a specified age under this eligibility group.

- Yes
- No

a. The age of children covered under this eligibility group is:

- i. Under age 21
- ii. Under age 20
- iii. Under age 19

b. In addition, the state covers reasonable classifications of children.

- Yes
- No

Independent Foster Care Adolescents

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	User-Entered		

D. Income Standard Used

All children

The income standard for this age group or classification is:

- 1. No income test
- 2. An income standard

Independent Foster Care Adolescents

MEDICAID | Medicaid State Plan | Eligibility | DC2022MS00040 | DC-22-0014

Package Header

Package ID	DC2022MS00040	SPA ID	DC-22-0014
Submission Type	Official	Initial Submission Date	12/31/2022
Approval Date	3/29/2023	Effective Date	10/1/2022
Superseded SPA ID	13-07; 13-08		
	User-Entered		

E. Basis for Income Standard

All children

1. Minimum income standard

The minimum income standard for this age group or classification is an FPL percent greater than 133%.

2. Maximum income standard

The maximum income standard is no income standard.

F. Additional Information (optional)

In determining eligibility for the medical assistance described in section 1915(i), AFDC methodologies are used to determine income, except that income above 150% of the federal poverty level is disregarded.

Medicaid State Plan Eligibility

Eligibility Groups - Options for Coverage

Individuals above 133% FPL under Age 65

MEDICAID | Medicaid State Plan | Eligibility | DC2022MS0004O | DC-22-0014

Individuals under 65, not otherwise mandatorily or optionally eligible, with income above 133% FPL and at or below a standard established by the state.

Package Header

Package ID	DC2022MS0004O	SPA ID	DC-22-0014
Submission Type	Official	Initial Submission Date	12/31/2022
Approval Date	3/29/2023	Effective Date	10/1/2022
Superseded SPA ID	15-0010		
	User-Entered		

The state covers the optional individuals above 133% FPL group in accordance with the following provisions:

A. Characteristics

Individuals qualifying under this eligibility group must meet the following criteria:

1. Are under age 65
2. Are not otherwise eligible for and enrolled in mandatory coverage under the state plan
3. Are not otherwise eligible for and enrolled in optional full Medicaid coverage under the state plan
4. Have household income that exceeds 133% FPL but is at or below the standard set by the state

B. Financial Methodologies

MAGI-based methodologies are used in calculating household income. Please refer as necessary to MAGI-Based Methodologies, completed by the state.

C. Individuals Covered

1. The state covers all individuals who meet the characteristics described in section A.

Yes No

D. Income Standard Used

1. The state uses the same income standard for all individuals covered.

Yes No

2. The income standard for this eligibility group is:

a. Percentage of the federal poverty level.

210.00% FPL

b. No income test (the income standard is infinite).

E. Coverage of Dependent Children

Parents or caretaker relatives living with a child under the age specified below are not covered unless the child is receiving benefits under Medicaid, CHIP or through the Exchange or otherwise enrolled in minimum essential coverage, as defined in 42 CFR 435.4.

- 1. Under age 19, or
- 2. A higher age of children, if any covered under the Reasonable Classifications of Children eligibility group (42 CFR 435.222) on March 23, 2010:
 - a. Under age 20
 - b. Under age 21

F. Phase-In

The state elects to phase-in coverage to individuals in this group.

Yes No

G. Additional Information (optional)

In determining eligibility for the medical assistance described in section 1915(i), MAGI-like methodologies are used to determine income, in which only the income of a spouse or the parent of a child under 21 or with a disability is deemed available, and income above 150% of the federal poverty level is disregarded.

Medicaid State Plan Eligibility

Eligibility Groups - Options for Coverage

Individuals Needing Treatment for Breast or Cervical Cancer

MEDICAID | Medicaid State Plan | Eligibility | DC2022MS00040 | DC-22-0014

Individuals under the age of 65 who have been screened for breast or cervical cancer and need treatment.

Package Header

Package ID	DC2022MS00040	SPA ID	DC-22-0014
Submission Type	Official	Initial Submission Date	12/31/2022
Approval Date	3/29/2023	Effective Date	10/1/2022
Superseded SPA ID	02-05		
	User-Entered		

The state operates the optional Individuals Needing Treatment for Breast or Cervical Cancer eligibility group in accordance with the following provisions:

A. Characteristics

Individuals (including women and men) qualifying under this eligibility group must meet the following criteria:

1. Are under the age of 65.
2. Are not otherwise eligible for and enrolled in mandatory coverage under the state plan.
3. Have been screened under the Centers for Disease Control and Prevention (CDC) Breast and Cervical Cancer Early Detection Program.
4. As a result of the screening, a determination has been made that the individual needs treatment for breast or cervical cancer, as defined at 42 CFR 435.213(c).
5. Do not otherwise have creditable coverage for treatment of breast or cervical cancer.

Individuals Needing Treatment for Breast or Cervical Cancer

MEDICAID | Medicaid State Plan | Eligibility | DC2022MS00040 | DC-22-0014

Package Header

Package ID	DC2022MS00040	SPA ID	DC-22-0014
Submission Type	Official	Initial Submission Date	12/31/2022
Approval Date	3/29/2023	Effective Date	10/1/2022
Superseded SPA ID	02-05		
	User-Entered		

B. Financial Methodologies

This eligibility group has no income or resource test.

Individuals Needing Treatment for Breast or Cervical Cancer

MEDICAID | Medicaid State Plan | Eligibility | DC2022MS00040 | DC-22-0014

Package Header

Package ID	DC2022MS00040	SPA ID	DC-22-0014
Submission Type	Official	Initial Submission Date	12/31/2022
Approval Date	3/29/2023	Effective Date	10/1/2022
Superseded SPA ID	02-05		
	User-Entered		

C. Additional Information (optional)

In determining eligibility for the medical assistance described in section 1915(i), SSI methodologies are used to determine income, except that income above 150% of the federal poverty level is disregarded.

Medicaid State Plan Eligibility

Eligibility Groups - Options for Coverage

Individuals Eligible for but Not Receiving Cash Assistance

MEDICAID | Medicaid State Plan | Eligibility | DC2022MS00040 | DC-22-0014

Individuals who are eligible for but not receiving federal cash assistance or an optional state supplement.

Package Header

Package ID	DC2022MS00040	SPA ID	DC-22-0014
Submission Type	Official	Initial Submission Date	12/31/2022
Approval Date	3/29/2023	Effective Date	10/1/2022
Superseded SPA ID	91-9; 05-02; 08-01		
	User-Entered		

The state covers the optional Individuals Eligible for but Not Receiving Cash Assistance eligibility group in accordance with the following provisions:

A. Characteristics

Individuals qualifying under this eligibility group must meet the following criteria:

1. Meet the eligibility requirements of at least one of the following cash assistance programs:

- a. SSI
- b. Optional State Supplement
- c. AFDC

2. Do not receive cash assistance under these programs.

Individuals Eligible for but Not Receiving Cash Assistance

MEDICAID | Medicaid State Plan | Eligibility | DC2022MS00040 | DC-22-0014

Package Header

Package ID	DC2022MS00040	SPA ID	DC-22-0014
Submission Type	Official	Initial Submission Date	12/31/2022
Approval Date	3/29/2023	Effective Date	10/1/2022
Superseded SPA ID	91-9; 05-02; 08-01		
	User-Entered		

B. Individuals Covered

1. The state covers all individuals who meet the characteristics described in section A.

- Yes
- No

Individuals Eligible for but Not Receiving Cash Assistance

MEDICAID | Medicaid State Plan | Eligibility | DC2022MS00040 | DC-22-0014

Package Header

Package ID	DC2022MS00040	SPA ID	DC-22-0014
Submission Type	Official	Initial Submission Date	12/31/2022
Approval Date	3/29/2023	Effective Date	10/1/2022
Superseded SPA ID	91-9; 05-02; 08-01		
	User-Entered		

C. Financial Methodologies

1. In calculating household income and resources for individuals who are seeking eligibility on the basis of being age 65 or older or having blindness or disability, SSI methodologies are used. Please refer as necessary to Non-MAGI Methodologies, completed by the state.

2. In calculating household income and resources for populations for which AFDC is the most closely related program, the following methodology(ies) are used:

- a. MAGI-like methodologies. Please refer as necessary to Non-MAGI Methodologies, completed by the state.
- b. AFDC methodologies. Please refer as necessary to Non-MAGI Methodologies, completed by the state.

3. Less restrictive methodologies are used in calculating countable income.

- Yes
- No

The less restrictive income methodologies are:

Training allowances and expenses are disregarded.

Description of disregard: Training income, such as training expense allowances and stipends.

Assistance is disregarded when received by the household from state-funded programs.

Name of program:	Description:
Child Nutrition Payments	Child nutrition payments
Energy Assistance Payments	Energy assistance payments
Housing Assistance	Housing assistance provided by the federal or District of Columbia government or non-profit organizations.
TANF Underpayments	TANF underpayments received
Utility Allowance Received Through a Housing Program	Utility allowances received through a federal or District government housing assistance program.
Rehabilitation Service Administration Payments	Rehabilitation Service Administration (RSA) payments received under the Rehabilitation Act of 1973, effective September 26, 1973 (87 Stat. 355; 29 U.S.C. §§ 701 et seq.).

Income is disregarded when used for payments made by the household:

Specified payments made by the household:

Name of payment:	Description:
Roommates	Payments received from roommates to cover their share of household expenses such as rent and utilities and which are paid by the applicant or beneficiary to the landlord or utility company.

A specified type of income is disregarded:

Name of income type:	Description:
Children's Earnings	Earnings from an unmarried child who is living with a person who provides care or supervision, or earnings from a child who is a student in college or vocational training.
Educational Benefits	Educational benefits, including Department of Education (DOE) Bureau of Indian Affairs Benefits, DOE Title IV Benefits, DOE Perkins Vocational and Applied Technology Education Act, DOE work study wages, and other any education benefits work study.
Adoption Subsidy	Adoption Subsidy
AmeriCorps/VISTA Income	AmeriCorps/VISTA income received under the National and Community Service Trust Act of 1993, effective September 21, 1993 (107 Stat. 787; 12 U.S.C. §§ 12501 et seq.), as amended by the Serve America Act of 2009, effective April 21, 2009 (123 Stat. 1463; 42 U.S.C. §§ 12501 et seq.).
Domestic Volunteer Service Act Payments	Payments received under the Domestic Volunteer Service Act of 1973, effective October 1, 1973 (87 Stat. 396; 42 U.S.C. §§ 4950 et seq.), as amended by the Domestic Volunteer Service Act Amendments of 1984, effective May 21, 1984 (98 Stat. 189; 42 U.S.C. §§ 4951 et seq.), as amended by the National and Community Service Trust Act of 1993, effective September 21, 1993 (107 Stat. 899; 12 U.S.C. §§ 12501 et seq.), as amended by the Serve America Act of 2009, effective April 21, 2009 (123 Stat. 1581; 42 U.S.C. §§ 12501 et seq.).
Earned Income Tax Credits	Earned Income Tax Credits
Foster Care Payments	Foster care payments
Incentive Payments for Prenatal & Well-Baby Care and from the Work Incentive programs for current or former TANF recipients	Incentive payments for prenatal and well-baby care, and from the work incentive programs for current or former recipients of Temporary Assistance for Needy Families (TANF) under the Personal Responsibility and Work Opportunity Reconciliation Act of 1996, effective August 22, 1996 (110 Stat. 2105; 42 U.S.C. §§ 1305 et seq.).
In-Kind/Non-Cash Benefits	Non-cash benefits in the form of a voucher, commodity, or service.
Jury Duty	Jury duty payments
Money Received by a Third Party	Money received by a third party for an applicant, beneficiary, or community spouse—disregarded unless applicant, beneficiary, or community spouse has or will have access to the funds.

Name of income type:	Description:
Money Received on Behalf of a Third Party	Money received by an applicant, beneficiary, or community spouse, on behalf of any third party--disregarded as income received if it does not reflect the needs of the individual receiving the money.
Reimbursements to Cover Past, Current, or Future Expenses	Reimbursements received from an individual or organization to cover past, current, or future expenses, if all the following conditions are met: (1) The reimbursement is for actual expenses; (2) The reimbursement is earmarked to cover those expenses; and (3) The reimbursement is paid or documented separately from any other payment such as wages.
Senior Community Service Employment Program	Senior Community Service Employment Program (SCSEP) income received under the Older Americans Act of 1965, approved July 14, 1965 (79 Stat. 218; 42 U.S.C. §§ 3001 et seq.), as amended by the Older Americans Act Amendments of 2000, approved November 13, 2000 (114 Stat. 2226; 42 U.S.C. §§ 3001 et seq.), as amended by the Older Americans Act Amendments of 2006, approved October 17, 2006 (120 Stat. 2522; 42 U.S.C. §§ 3001 et seq.).
Federal Unearned Income Exclusions	Other uncommon unearned income exclusions required under federal statute.

4. Less restrictive methodologies are used in calculating countable resources.

- Yes
 No

The less restrictive resource methodologies are:

- General resource disregard:

Name of disregard:	Description:
\$2,400 / \$3,000 Countable Resource Disregard	All countable resources between \$2,600 and \$4,000 for individuals, or between \$3,000 and \$6,000 for couples, are disregarded.

- Real property not otherwise excluded is disregarded.

Description of disregard: Indian lands; land contracts; and property pending sale.

- The state uses a less restrictive methodology with respect to resources set aside for burial.

- Specified methodology for the treatment of resources set aside for burial:

Name of methodology:	Description:
Burial Fund Disregard	Burial funds in a separate, designated account are disregarded.

The value of a countable life insurance policy is disregarded.

Description of disregard: Life insurance funded funerals

The state uses a less restrictive methodology with respect to the treatment of motor vehicles.

The value of a countable motor vehicle is totally disregarded, without limits or conditions.

- One motor vehicle
- More than one motor vehicle

The state uses a less restrictive methodology with respect to the treatment of otherwise countable refunds.

State tax refunds

Description: Income Tax Refunds (excluded for the first 12 months)

Federal tax refunds

Description: Income Tax Refunds (excluded for the first 12 months)

The state uses a less restrictive methodology with respect to the treatment of resources set aside in specified types of accounts.

Resources set aside for retirement

Individual Retirement Accounts (IRA)

Description: IRAs, including Roth and other non-education IRAs

Tax exempt accounts - 401(k) and/or 403(b)

Description: Retirement accounts, including 401(k), 403(b), and 457 accounts--but excluding some types of annuities.

Specified types of accounts:

Name of account:	Description:
Keogh Accounts	Keogh pension plans
Higher Education Savings Plans	Higher education savings plans, including 529 accounts and education IRAs.
U.S. Savings Bonds	U.S. savings bonds, if penalties apply to early withdrawals/liquidations and they have not been renewed/reinvested during any immediately preceding period of Medicaid eligibility.
HUD Reimbursements	HUD reimbursements

Household goods and services are disregarded as a resource.

Description of disregard: Household/personal goods

Lump sums are disregarded as a resource.

Specified type of lump sum:

Name of lump sum type:	Description:
Agent Orange Settlement	Agent Orange settlement or related funds
District of Columbia Government Settlements	Payments from District government entities related to Evans v. Williams, Dixon v. Williams, Brady v. Williams, Salazar v. Williams, and other judgments or settlement agreements made on behalf of customers of District Government agencies.
P.L. 100-383 Payments	Payments under P.L. 100-383 to U.S. citizens of Japanese ancestry, resident Japanese aliens, and Andaluets.

Name of lump sum type:	Description:
Radiation Exposure Compensation Act Payments	Payments made under the Radiation Exposure Compensation Act of 1990, P.L. 101-425, as compensation for exposure to radiation.
Underwood v. Harris Payments	Tax and utility cost subsidy payments issued by the Department of Housing and Urban Development as a result of Underwood v. Harris.

A specified type of resource is disregarded:

Name of resource type:	Description:
Accounts Receivable	Accounts receivable
Promissory Notes	Promissory notes not related to transfers of resources within the past 36 months.
Earned Income Tax Credit	EITC excluded for the first 12 months
Energy Assistance	Energy assistance payments-- however, if these payments are co-mingled with other countable resources, SSI operational methodologies will be applied.
Home Sale Proceeds	Proceeds from sale of home, if individual purchases or intends to purchase new home within the next 12 months.
Inaccessible Assets	Inaccessible assets
Jointly Owned Assets	Jointly owned assets, if individual is legally unable to liquidate asset(s).
Loan-Related Assets	Loan-related assets
Non-Saleable Assets	Non-saleable assets

The following less restrictive methodologies are used:

Name of methodology:	Description:
Accrued/Retroactive Benefits Disregard	<p>The first \$12,000 in lump sum payments of accrued or retroactive benefits is excluded for the first 12 months for the following:</p> <ul style="list-style-type: none"> - Unemployment compensation - Railroad Retirement benefits - Veteran's benefits <p>The following lump sum payments of accrued or retroactive benefits will be excluded in their entirety:</p> <ul style="list-style-type: none"> - TANF - TANF Diversionary Payments - SSI, OASDI benefits (i.e., SSI, SSDI, and Social Security) - Medicare Buy-In and related reimbursements <p>If the funds are co-mingled with other countable resources, SSI</p>

Name of methodology:	Description:
	operational methodologies will be applied.
Insurance Compensation	<p>Insurance compensation is excluded for the first 12 months if the payment is for lost property/assets that would not have been countable (e.g., a vehicle or primary residence). Additionally, an insurance or lawsuit settlement (e.g., for injuries sustained in an accident) shall be:</p> <p>(1) Entirely excluded if it is structured as a qualifying trust; or</p> <p>(2) Excluded for the first three (3) months if the beneficiary or their representative certifies that the funds will be transferred to a qualifying trust within the three-month timeframe.</p> <p>*These exclusions do not affect the ability of the District of Columbia's Office of the Attorney General to recover all or part of such compensation amounts for past, current, or future Medicaid expenditures.</p>
Rent Payments Withheld	Rent payments withheld (due to rent strike, etc.) are excluded if funds are in the possession of the renters' group or a third party such as the Landlord Tenant Court or Neighborhood Legal Services.

Individuals Eligible for but Not Receiving Cash Assistance

MEDICAID | Medicaid State Plan | Eligibility | DC2022MS00040 | DC-22-0014

Package Header

Package ID	DC2022MS00040	SPA ID	DC-22-0014
Submission Type	Official	Initial Submission Date	12/31/2022
Approval Date	3/29/2023	Effective Date	10/1/2022
Superseded SPA ID	91-9; 05-02; 08-01		
	User-Entered		

D. Income Standard Used

The income standard used is the standard of the most closely related cash assistance program.

E. Resource Standard Used

The resource standard used is the standard of the most closely related cash assistance program.

Individuals Eligible for but Not Receiving Cash Assistance

MEDICAID | Medicaid State Plan | Eligibility | DC2022MS00040 | DC-22-0014

Package Header

Package ID	DC2022MS00040	SPA ID	DC-22-0014
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Superseded SPA ID	91-9; 05-02; 08-01		
	User-Entered		

F. Additional Information (optional)

Medicaid State Plan Eligibility

Eligibility Groups - Options for Coverage

Individuals Eligible for Cash Except for Institutionalization

MEDICAID | Medicaid State Plan | Eligibility | DC2022MS0004O | DC-22-0014

Individuals who would be eligible for federal cash assistance or an optional state supplement, except for institutionalization.

Package Header

Package ID	DC2022MS0004O	SPA ID	DC-22-0014
Submission Type	Official	Initial Submission Date	12/31/2022
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Superseded SPA ID	91-9; 05-02; 08-01		
	User-Entered		

The state covers the optional Individuals Eligible for Cash Except for Institutionalization eligibility group in accordance with the following provisions:

A. Characteristics

Individuals qualifying under this eligibility group must meet the following criteria:

1. Are in a medical institution.
2. Would meet the eligibility requirements for at least one of the following cash assistance programs, but for the lower income standards used to determine eligibility for institutionalized individuals:
 - a. SSI
 - b. Optional State Supplement
 - c. AFDC

Individuals Eligible for Cash Except for Institutionalization

MEDICAID | Medicaid State Plan | Eligibility | DC2022MS00040 | DC-22-0014

Package Header

Package ID	DC2022MS00040	SPA ID	DC-22-0014
Submission Type	Official	Initial Submission Date	12/31/2022
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Superseded SPA ID	91-9; 05-02; 08-01		
	User-Entered		

B. Individuals Covered

1. The state covers all individuals who meet the characteristics described in section A.

- Yes
- No

Individuals Eligible for Cash Except for Institutionalization

MEDICAID | Medicaid State Plan | Eligibility | DC2022MS00040 | DC-22-0014

Package Header

Package ID DC2022MS00040
Submission Type Official
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Superseded SPA ID 91-9; 05-02; 08-01
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SPA ID DC-22-0014
Initial Submission Date 12/31/2022
Effective Date 10/1/2022

C. Financial Methodologies

1. In calculating household income and resources for individuals who are seeking eligibility on the basis of being age 65 or older or having blindness or disability, SSI methodologies are used. Please refer as necessary to Non-MAGI Methodologies, completed by the state.

2. In calculating household income and resources for populations for which AFDC is the most closely related program, the following methodology(ies) are used:

- a. MAGI-like methodologies. Please refer as necessary to Non-MAGI Methodologies, completed by the state.
- b. AFDC methodologies. Please refer as necessary to Non-MAGI Methodologies, completed by the state.

3. Less restrictive methodologies are used in calculating countable income.

- Yes
- No

The less restrictive income methodologies are:

Training allowances and expenses are disregarded.

Description of disregard: Training income, such as training expense allowances and stipends.

Assistance is disregarded when received by the household from state-funded programs.

Name of program:	Description:
Child Nutrition Payments	Child nutrition payments
Energy Assistance Payments	Energy assistance payments
Housing Assistance	Housing assistance provided by the federal or District of Columbia government or non-profit organizations.
TANF Underpayments	TANF underpayments received
Utility Allowance Received Through a Housing Program	Utility allowances received through a federal or District government housing assistance program.
Rehabilitation Service Administration Payments	Rehabilitation Service Administration (RSA) payments received under the Rehabilitation Act of 1973, effective September 26, 1973 (87 Stat. 355; 29 U.S.C. §§ 701 et seq.).

Income is disregarded when used for payments made by the household:

Specified payments made by the household:

Name of payment:	Description:
Roommates	Payments received from roommates to cover their share of household expenses such as rent and utilities and which are paid by the applicant or beneficiary to the landlord or utility company.

A specified type of income is disregarded:

Name of income type:	Description:
Senior Community Service Employment Program	Senior Community Service Employment Program (SCSEP) income received under the Older Americans Act of 1965, approved July 14, 1965 (79 Stat. 218; 42 U.S.C. §§ 3001 et seq.), as amended by the Older Americans Act Amendments of 2000, approved November 13, 2000 (114 Stat. 2226; 42 U.S.C. §§ 3001 et seq.), as amended by the Older Americans Act Amendments of 2006, approved October 17, 2006 (120 Stat. 2522; 42 U.S.C. §§ 3001 et seq.).
Federal Unearned Income Exclusions	Other uncommon unearned income exclusions required under federal statute.
Children's Earnings	Earnings from an unmarried child who is living with a person who provides care or supervision, or earnings from a child who is a student in college or vocational training.
Educational Benefits	Educational benefits, including Department of Education (DOE) Bureau of Indian Affairs Benefits, DOE Title IV Benefits, DOE Perkins Vocational and Applied Technology Education Act, DOE work study wages, and other any education benefits work study.
Adoption Subsidy	Adoption Subsidy
AmeriCorps/VISTA Income	AmeriCorps/VISTA income received under the National and Community Service Trust Act of 1993, effective September 21, 1993 (107 Stat. 787; 12 U.S.C. §§ 12501 et seq.), as amended by the Serve America Act of 2009, effective April 21, 2009 (123 Stat. 1463; 42 U.S.C. §§ 12501 et seq.).
Domestic Volunteer Service Act Payments	Payments received under the Domestic Volunteer Service Act of 1973, effective October 1, 1973 (87 Stat. 396; 42 U.S.C. §§ 4950 et seq.), as amended by the Domestic Volunteer Service Act Amendments of 1984, effective May 21, 1984 (98 Stat. 189; 42 U.S.C. §§ 4951 et seq.), as amended by the National and Community Service Trust Act of 1993, effective September 21, 1993 (107 Stat. 899; 12 U.S.C. §§ 12501 et seq.), as amended by the Serve America Act of 2009, effective April 21, 2009 (123 Stat. 1581; 42 U.S.C. §§ 12501 et seq.).
Earned Income Tax Credits	Earned Income Tax Credits
Foster Care Payments	Foster care payments
Incentive Payments for Prenatal & Well-Baby Care and from the Work	Incentive payments for prenatal and well-baby care, and from the work incentive programs for

Name of income type:	Description:
Incentive programs for current or former TANF recipients	current or former recipients of Temporary Assistance for Needy Families (TANF) under the Personal Responsibility and Work Opportunity Reconciliation Act of 1996, effective August 22, 1996 (110 Stat. 2105; 42 U.S.C. §§ 1305 et seq.).
In-Kind/Non-Cash Benefits	Non-cash benefits in the form of a voucher, commodity, or service.
Jury Duty	Jury duty payments
Money Received by a Third Party	Money received by a third party for an applicant, beneficiary, or community spouse--disregarded unless applicant, beneficiary, or community spouse has or will have access to the funds.
Money Received on Behalf of a Third Party	Money received by an applicant, beneficiary, or community spouse, on behalf of any third party--disregarded as income received if it does not reflect the needs of the individual receiving the money.
Reimbursements to Cover Past, Current, or Future Expenses	Reimbursements received from an individual or organization to cover past, current, or future expenses, if all the following conditions are met: (1) The reimbursement is for actual expenses; (2) The reimbursement is earmarked to cover those expenses; and (3) The reimbursement is paid or documented separately from any other payment such as wages.

4. Less restrictive methodologies are used in calculating countable resources.

- Yes
 No

The less restrictive resource methodologies are:

- General resource disregard:

Name of disregard:	Description:
\$2,400 / \$3,000 Countable Resource Disregard	All countable resources between \$2,600 and \$4,000 for individuals, or between \$3,000 and \$6,000 for couples, are disregarded.

- Real property not otherwise excluded is disregarded.

Description of disregard: Indian lands; land contracts; and property pending sale.

- The state uses a less restrictive methodology with respect to resources set aside for burial.

- Specified methodology for the treatment of resources set aside for burial:

Name of methodology:	Description:
Burial Fund Disregard	Burial funds in a separate, designated account are disregarded.

The value of a countable life insurance policy is disregarded.

Description of disregard: Life insurance funded funerals

The state uses a less restrictive methodology with respect to the treatment of motor vehicles.

The value of a countable motor vehicle is totally disregarded, without limits or conditions.

- One motor vehicle
- More than one motor vehicle

The state uses a less restrictive methodology with respect to the treatment of otherwise countable refunds.

State tax refunds

Description: Income Tax Refunds (excluded for the first 12 months)

Federal tax refunds

Description: Income Tax Refunds (excluded for the first 12 months)

The state uses a less restrictive methodology with respect to the treatment of resources set aside in specified types of accounts.

Resources set aside for retirement

Individual Retirement Accounts (IRA)

Description: IRAs, including Roth and other non-education IRAs

Tax exempt accounts - 401(k) and/or 403(b)

Description: Retirement accounts, including 401(k), 403(b), and 457 accounts--but excluding some types of annuities.

Specified types of accounts:

Name of account:	Description:
Keogh Accounts	Keogh pension plans
Higher Education Savings Plans	Higher education savings plans, including 529 accounts and education IRAs.
U.S. Savings Bonds	U.S. savings bonds, if penalties apply to early withdrawals/liquidations and they have not been renewed/reinvested during any immediately preceding period of Medicaid eligibility.
HUD Reimbursements	HUD reimbursements

Household goods and services are disregarded as a resource.

Description of disregard: Household/personal goods

Lump sums are disregarded as a resource.

Specified type of lump sum:

Name of lump sum type:	Description:
Agent Orange Settlement	Agent Orange settlement or related funds
District of Columbia Government Settlements	Payments from District government entities related to Evans v. Williams, Dixon v. Williams, Brady v. Williams, Salazar v. Williams, and other judgments or settlement agreements made on behalf of customers of District Government agencies.
P.L. 100-383 Payments	Payments under P.L. 100-383 to U.S. citizens of Japanese ancestry, resident Japanese aliens, and Andaluets.

Name of lump sum type:	Description:
Radiation Exposure Compensation Act Payments	Payments made under the Radiation Exposure Compensation Act of 1990, P.L. 101-425, as compensation for exposure to radiation.
Underwood v. Harris Payments	Tax and utility cost subsidy payments issued by the Department of Housing and Urban Development as a result of Underwood v. Harris.

A specified type of resource is disregarded:

Name of resource type:	Description:
Accounts Receivable	Accounts receivable
Promissory Notes	Promissory notes not related to transfers of resources within the past 36 months.
Earned Income Tax Credit	EITC excluded for the first 12 months
Energy Assistance	Energy assistance payments-- however, if these payments are co-mingled with other countable resources, SSI operational methodologies will be applied.
Home Sale Proceeds	Proceeds from sale of home, if individual purchases or intends to purchase new home within the next 12 months.
Inaccessible Assets	Inaccessible assets
Jointly Owned Assets	Jointly owned assets, if individual is legally unable to liquidate asset(s).
Loan-Related Assets	Loan-related assets
Non-Saleable Assets	Non-saleable assets

The following less restrictive methodologies are used:

Name of methodology:	Description:
Accrued/Retroactive Benefits Disregard	<p>The first \$12,000 in lump sum payments of accrued or retroactive benefits is excluded for the first 12 months for the following:</p> <ul style="list-style-type: none"> - Unemployment compensation - Railroad Retirement benefits - Veteran's benefits <p>The following lump sum payments of accrued or retroactive benefits will be excluded in their entirety:</p> <ul style="list-style-type: none"> - TANF - TANF Diversionary Payments - SSI, OASDI benefits (i.e., SSI, SSDI, and Social Security) - Medicare Buy-In and related reimbursements <p>If the funds are co-mingled with other countable resources, SSI</p>

Name of methodology:	Description:
	operational methodologies will be applied.
Insurance Compensation	<p>Insurance compensation is excluded for the first 12 months if the payment is for lost property/assets that would not have been countable (e.g., a vehicle or primary residence). Additionally, an insurance or lawsuit settlement (e.g., for injuries sustained in an accident) shall be:</p> <p>(1) Entirely excluded if it is structured as a qualifying trust; or</p> <p>(2) Excluded for the first three (3) months if the beneficiary or their representative certifies that the funds will be transferred to a qualifying trust within the three-month timeframe.</p> <p>*These exclusions do not affect the ability of the District of Columbia's Office of the Attorney General to recover all or part of such compensation amounts for past, current, or future Medicaid expenditures.</p>
Rent Payments Withheld	Rent payments withheld (due to rent strike, etc.) are excluded if funds are in the possession of the renters' group or a third party such as the Landlord Tenant Court or Neighborhood Legal Services.

Individuals Eligible for Cash Except for Institutionalization

MEDICAID | Medicaid State Plan | Eligibility | DC2022MS00040 | DC-22-0014

Package Header

Package ID	DC2022MS00040	SPA ID	DC-22-0014
Submission Type	Official	Initial Submission Date	12/31/2022
Approval Date	3/29/2023	Effective Date	10/1/2022
Superseded SPA ID	91-9; 05-02; 08-01		
	User-Entered		

D. Income Standard Used

The income standard used is the standard of the most closely related cash assistance program.

E. Resource Standard Used

The resource standard used is the standard of the most closely related cash assistance program.

Individuals Eligible for Cash Except for Institutionalization

MEDICAID | Medicaid State Plan | Eligibility | DC2022MS00040 | DC-22-0014

Package Header

Package ID	DC2022MS00040	SPA ID	DC-22-0014
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Superseded SPA ID	91-9; 05-02; 08-01		
	User-Entered		

F. Additional Information (optional)

Medicaid State Plan Eligibility

Eligibility Groups - Options for Coverage

Individuals Receiving Home and Community-Based Waiver Services under Institutional Rules

MEDICAID | Medicaid State Plan | Eligibility | DC2022MS00040 | DC-22-0014

Individuals who would be eligible for Medicaid if they were in an institution and who receive home and community-based services.

Package Header

Package ID	DC2022MS00040	SPA ID	DC-22-0014
Submission Type	Official	Initial Submission Date	12/31/2022
Approval Date	3/29/2023	Effective Date	10/1/2022
Superseded SPA ID	02-03		
	User-Entered		

The state operates the Individuals Receiving Home and Community-Based Waiver Services under Institutional Rules eligibility group in accordance with the following provisions:

A. Characteristics

Individuals qualifying under this eligibility group must meet the following criteria:

1. Would be eligible for Medicaid if in a medical institution.
2. But for the provision of home and community-based services under a waiver granted under section 1915(c), (d) or (e) of the Act:
 - a. For waivers granted under 1915(c), the individuals would otherwise require the level of care furnished in a hospital, a nursing facility or an intermediate care facility for individuals with intellectual disabilities.
 - b. For waivers granted under 1915(d) or (e), the individuals would otherwise require the level of care furnished in a hospital or nursing facility.
3. Will receive the waived services.

Individuals Receiving Home and Community-Based Waiver Services under Institutional Rules

MEDICAID | Medicaid State Plan | Eligibility | DC2022MS00040 | DC-22-0014

Package Header

Package ID	DC2022MS00040	SPA ID	DC-22-0014
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Approval Date	3/29/2023	Effective Date	10/1/2022
Superseded SPA ID	02-03		
	User-Entered		

B. Income and Resource Methodologies

1. The income and resource methodologies used for this group are those used to determine eligibility for a state plan group under which the individual would be eligible if in an institution.

2. Less restrictive methodologies are used in calculating countable income.

- Yes
 No

The less restrictive income methodologies are:

- The difference between one income standard and another is disregarded.
- Between the following percentages of the FPL:
 - Between the medically needy income limit and a percentage of the FPL:
 - Between the SSI Federal Benefit Rate and:
 - Between other income standards:

Between this standard: 150% of the FPL

and this standard: 300% of the SSI Federal Benefit Rate

3. Less restrictive methodologies are used in calculating countable resources.

- Yes
 No

Individuals Receiving Home and Community-Based Waiver Services under Institutional Rules

MEDICAID | Medicaid State Plan | Eligibility | DC2022MS00040 | DC-22-0014

Package Header

Package ID	DC2022MS00040	SPA ID	DC-22-0014
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Superseded SPA ID	02-03		
	User-Entered		

C. Income and Resource Standards

The income and resource standards used for this group are those used to determine eligibility for a state plan group under which the individual would be eligible if in an institution.

Individuals Receiving Home and Community-Based Waiver Services under Institutional Rules

MEDICAID | Medicaid State Plan | Eligibility | DC2022MS00040 | DC-22-0014

Package Header

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Superseded SPA ID	02-03		
	User-Entered		

D. Additional Information (optional)

Medicaid State Plan Eligibility

Eligibility Groups - Options for Coverage

Optional State Supplement Beneficiaries

MEDICAID | Medicaid State Plan | Eligibility | DC2022MS00040 | DC-22-0014

Individuals who receive an optional state supplementary payment.

Package Header

Package ID	DC2022MS00040	SPA ID	DC-22-0014
Submission Type	Official	Initial Submission Date	12/31/2022
Approval Date	3/29/2023	Effective Date	10/1/2022
Superseded SPA ID	85-04; 91-9		
	User-Entered		

The state covers the Optional State Supplement Beneficiaries eligibility group in accordance with the following provisions:

A. Characteristics

Individuals qualifying under this eligibility group must meet the following criteria:

1. Receive an optional state supplement that meets the conditions described in sections C and D.
2. Except for income, would be eligible for SSI.
3. Do not have gross income exceeding 300% of the SSI Federal Benefit Rate (FBR).

Optional State Supplement Beneficiaries

MEDICAID | Medicaid State Plan | Eligibility | DC2022MS00040 | DC-22-0014

Package Header

Package ID	DC2022MS00040	SPA ID	DC-22-0014
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Approval Date	3/29/2023	Effective Date	10/1/2022
Superseded SPA ID	85-04; 91-9		
	User-Entered		

B. Individuals Covered

1. The state covers all individuals who meet the characteristics described in section A.

- Yes
- No

Optional State Supplement Beneficiaries

MEDICAID | Medicaid State Plan | Eligibility | DC2022MS00040 | DC-22-0014

Package Header

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Superseded SPA ID	85-04; 91-9		
	User-Entered		

C. Optional State Supplement Program

1. The optional state supplement program is administered:

- a. Solely by the federal government. The state has an agreement with the Social Security Administration under section 1616 of the Act regarding the administration of optional state supplementary payments.
- b. By a combination of federal and state administration. The state has an agreement with the Social Security Administration under section 1616 of the Act regarding the administration of optional state supplementary payments for some classifications of individuals, while state supplementary payments for other classifications of individuals are administered by the state.
- c. Solely by the state.

2. Payments under the optional state supplement program are:

- a. Based on need and paid in cash on a regular basis;
- b. Equal to the difference between the individual's countable income and the income standard used to determine eligibility for supplement; and
- c. Available to all individuals in each population selected in section B.

Optional State Supplement Beneficiaries

MEDICAID | Medicaid State Plan | Eligibility | DC2022MS00040 | DC-22-0014

Package Header

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Superseded SPA ID	85-04; 91-9		
	User-Entered		

D. Income Standard of Optional State Supplement Program

1. The income standard for the optional state supplement:

- a. Varies by political subdivision.
 - Yes
 - No
- b. Varies by payment classification.
 - Yes
 - No

Income Standard

Individual	Couple
\$15	17.0
01.0	0
0	

Optional State Supplement Beneficiaries

MEDICAID | Medicaid State Plan | Eligibility | DC2022MS00040 | DC-22-0014

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Superseded SPA ID	85-04; 91-9		
	User-Entered		

E. Additional Information (optional)

To be eligible for the District's Optional State Supplemental Payment Program an individual must meet the following criteria:

- Reside in a District licensed adult foster care home (certified residential facility or assisted living facility) or nursing facility
- Eligible for SSI or meets SSI disability standards
- Meet SSI resource eligibility requirements of \$2,000 for an individual, or \$3,000 for a couple

In determining eligibility for the medical assistance described in section 1915(i), SSI methodologies are used to determine income, except that income above 150% of the federal poverty level is disregarded.

Medicaid State Plan Eligibility

Eligibility Groups - Options for Coverage

Individuals in Institutions Eligible under a Special Income Level

MEDICAID | Medicaid State Plan | Eligibility | DC2022MS00040 | DC-22-0014

Individuals who are in medical institutions for at least 30 consecutive days who are eligible under a special income level.

Package Header

Package ID	DC2022MS00040	SPA ID	DC-22-0014
Submission Type	Official	Initial Submission Date	12/31/2022
Approval Date	3/29/2023	Effective Date	10/1/2022
Superseded SPA ID	02-03; 05-02; 07-03; 08-1 User-Entered		

The state covers Individuals in Institutions Eligible under a Special Income Level in accordance with the following provisions:

A. Characteristics

Individuals qualifying under this eligibility group must meet the following criteria:

1. Have been in a medical institution for at least 30 consecutive days.
2. Have income at or below a standard described in section D.

Individuals in Institutions Eligible under a Special Income Level

MEDICAID | Medicaid State Plan | Eligibility | DC2022MS00040 | DC-22-0014

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Approval Date	3/29/2023	Effective Date	10/1/2022
Superseded SPA ID	02-03; 05-02; 07-03; 08-1 User-Entered		

B. Individuals Covered

1. The state covers all individuals who meet the characteristics described in section A.

- Yes
 No

2. The state covers the following populations:

- a. Individuals age 65 or older
 b. Individuals who have blindness
 c. Individuals who have a disability
 d. Pregnant women
 e. All Individuals under age 21, or a lower age
 f. Reasonable classifications of children.

Individuals in Institutions Eligible under a Special Income Level

MEDICAID | Medicaid State Plan | Eligibility | DC2022MS00040 | DC-22-0014

Package Header

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Superseded SPA ID	02-03; 05-02; 07-03; 08-1 User-Entered		

C. Financial Methodologies

1. In calculating household income, the methodologies of the most closely related cash assistance program are used, except that disregards are not applied.
2. In calculating household resources, the methodologies of the most closely related cash assistance program are used. Please refer as necessary to Non-MAGI Methodologies, completed by the state.
3. Less restrictive methodologies are used in calculating countable resources.

- Yes
 No

The less restrictive resource methodologies are:

- General resource disregard:

Name of disregard:	Description:
\$2,400 / \$3,000 Countable Resource Disregard	All countable resources between \$2,600 and \$4,000 for individuals, or between \$3,000 and \$6,000 for couples, are disregarded.

- Real property not otherwise excluded is disregarded.

Description of disregard: Indian lands; land contracts; and property pending sale.

- The state uses a less restrictive methodology with respect to resources set aside for burial.

- Specified methodology for the treatment of resources set aside for burial:

Name of methodology:	Description:
Burial Fund Disregard	Burial funds in a separate, designated account are disregarded.

- The value of a countable life insurance policy is disregarded.

Description of disregard: Life insurance funded funerals

- The state uses a less restrictive methodology with respect to the treatment of motor vehicles.

- The value of a countable motor vehicle is totally disregarded, without limits or conditions.

- One motor vehicle
 More than one motor vehicle

- The state uses a less restrictive methodology with respect to the treatment of otherwise countable refunds.

- State tax refunds

Description: Income Tax Refunds (excluded for the first 12 months)

- Federal tax refunds

Description: Income Tax Refunds (excluded for the first 12 months)

- The state uses a less restrictive methodology with respect to the treatment of resources set aside in specified types of accounts.

- Resources set aside for retirement

- Individual Retirement Accounts (IRA)

Description: IRAs, including Roth and other non-education IRAs

- Tax exempt accounts - 401(k) and/or 403(b)

Description: Retirement accounts, including 401(k), 403(b), and 457 accounts--but excluding some types of annuities.

Specified types of accounts:

Name of account:	Description:
Keogh Accounts	Keogh pension plans
Higher Education Savings Plans	Higher education savings plans, including 529 accounts and education IRAs.
U.S. Savings Bonds	U.S. savings bonds, if penalties apply to early withdrawals/liquidations and they have not been renewed/reinvested during any immediately preceding period of Medicaid eligibility.
HUD Reimbursements	HUD reimbursements

Description of disregard: Household/personal goods

Household goods and services are disregarded as a resource.

Lump sums are disregarded as a resource.

Specified type of lump sum:

Name of lump sum type:	Description:
Agent Orange Settlement	Agent Orange settlement or related funds
District of Columbia Government Settlements	Payments from District government entities related to Evans v. Williams, Dixon v. Williams, Brady v. Williams, Salazar v. Williams, and other judgments or settlement agreements made on behalf of customers of District Government agencies.
P.L. 100-383 Payments	Payments under P.L. 100-383 to U.S. citizens of Japanese ancestry, resident Japanese aliens, and Andaluets.
Radiation Exposure Compensation Act Payments	Payments made under the Radiation Exposure Compensation Act of 1990, P.L. 101-425, as compensation for exposure to radiation.
Underwood v. Harris Payments	Tax and utility cost subsidy payments issued by the Department of Housing and Urban Development as a result of Underwood v. Harris.

A specified type of resource is disregarded:

Name of resource type:	Description:
Accounts Receivable	Accounts receivable
Promissory Notes	Promissory notes not related to transfers of resources within the past 36 months.

Name of resource type:	Description:
Earned Income Tax Credit	EITC excluded for the first 12 months
Energy Assistance	Energy assistance payments-- however, if these payments are co-mingled with other countable resources, SSI operational methodologies will be applied.
Home Sale Proceeds	Proceeds from sale of home, if individual purchases or intends to purchase new home within the next 12 months.
Inaccessible Assets	Inaccessible assets
Jointly Owned Assets	Jointly owned assets, if individual is legally unable to liquidate asset(s).
Loan-Related Assets	Loan-related assets
Non-Saleable Assets	Non-saleable assets

The following less restrictive methodologies are used:

Name of methodology:	Description:
Accrued/Retroactive Benefits Disregard	<p>The first \$12,000 in lump sum payments of accrued or retroactive benefits is excluded for the first 12 months for the following:</p> <ul style="list-style-type: none"> - Unemployment compensation - Railroad Retirement benefits - Veteran's benefits <p>The following lump sum payments of accrued or retroactive benefits will be excluded in their entirety:</p> <ul style="list-style-type: none"> - TANF - TANF Diversionary Payments - SSI, OASDI benefits (i.e., SSI, SSDI, and Social Security) - Medicare Buy-In and related reimbursements <p>If the funds are co-mingled with other countable resources, SSI operational methodologies will be applied.</p>
Insurance Compensation	<p>Insurance compensation is excluded for the first 12 months if the payment is for lost property/assets that would not have been countable (e.g., a vehicle or primary residence). Additionally, an insurance or lawsuit settlement (e.g., for injuries sustained in an accident) shall be:</p> <ol style="list-style-type: none"> (1) Entirely excluded if it is structured as a qualifying trust; or (2) Excluded for the first three (3) months if the beneficiary or their representative certifies that the funds will be transferred to a qualifying trust within the three-month timeframe. <p>*These exclusions do not affect the ability of the District of Columbia's Office of the Attorney General to recover all or part of such</p>

Name of methodology:	Description:
Rent Payments Withheld	compensation amounts for past, current, or future Medicaid expenditures. Rent payments withheld (due to rent strike, etc.) are excluded if funds are in the possession of the renters' group or a third party such as the Landlord Tenant Court or Neighborhood Legal Services.

Individuals in Institutions Eligible under a Special Income Level

MEDICAID | Medicaid State Plan | Eligibility | DC2022MS00040 | DC-22-0014

Package Header

Package ID	DC2022MS00040	SPA ID	DC-22-0014
Submission Type	Official	Initial Submission Date	12/31/2022
Approval Date	3/29/2023	Effective Date	10/1/2022
Superseded SPA ID	02-03; 05-02; 07-03; 08-1 User-Entered		

D. Income Standard Used

The income standard for this group is:

- 1. 300% of the SSI Federal Benefit Rate (FBR) for an individual
- 2. Other lower income level

Individuals in Institutions Eligible under a Special Income Level

MEDICAID | Medicaid State Plan | Eligibility | DC2022MS00040 | DC-22-0014

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Package ID	DC2022MS00040	SPA ID	DC-22-0014
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Superseded SPA ID	02-03; 05-02; 07-03; 08-1 User-Entered		

E.Resource Standard Used

The resource standard for this group is the one used for the most closely-related cash assistance program.

Individuals in Institutions Eligible under a Special Income Level

MEDICAID | Medicaid State Plan | Eligibility | DC2022MS00040 | DC-22-0014

Package Header

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Superseded SPA ID	02-03; 05-02; 07-03; 08-1 User-Entered		

F.Additional Information (optional)

In determining eligibility for the medical assistance described in section 1915(i), SSI methodologies are used to determine income, except that income above 150% of the federal poverty level is disregarded.

Medicaid State Plan Eligibility

Eligibility Groups - Options for Coverage

PACE Participants

MEDICAID | Medicaid State Plan | Eligibility | DC2022MS00040 | DC-22-0014

Individuals who would be eligible for Medicaid under institutional rules and who participate in the PACE program.

Package Header

Package ID	DC2022MS00040	SPA ID	DC-22-0014
Submission Type	Official	Initial Submission Date	12/31/2022
Approval Date	3/29/2023	Effective Date	10/1/2022
Superseded SPA ID	New User-Entered		

The state operates the PACE Participants eligibility group in accordance with the following provisions:

A. Characteristics

Individuals qualifying under this eligibility group must meet the following criteria:

1. Would be eligible for one or more of the following Medicaid eligibility groups if in a medical institution:
 - a. Individuals in Institutions Eligible under a Special Income Level
 - b. Age and Disability-related Poverty Level
 - c. Medically Needy Individuals
 - d. Individuals Eligible for but Not Receiving Cash Assistance
 - e. Other eligibility group(s):
2. Are enrolled in a Program of All-Inclusive Care for the Elderly (PACE) program under a PACE program agreement.
3. Require, or will require in the absence of the continued provision of PACE services, the level of care furnished by a nursing facility.

PACE Participants

MEDICAID | Medicaid State Plan | Eligibility | DC2022MS00040 | DC-22-0014

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Approval Date	3/29/2023	Effective Date	10/1/2022
Superseded SPA ID	New		
	User-Entered		

B. Financial Methodologies

The income and resource methodologies used for this group are those used to determine eligibility for a state plan group under which the individual would be eligible if in an institution.

PACE Participants

MEDICAID | Medicaid State Plan | Eligibility | DC2022MS00040 | DC-22-0014

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Superseded SPA ID	New		
	User-Entered		

C. Income and Resource Standards

1. The income and resource standards used for this group are those used to determine eligibility for a state plan group under which the individual would be eligible if in an institution.
2. An individual's gross income may not exceed 300% of the SSI federal benefit rate.

PACE Participants

MEDICAID | Medicaid State Plan | Eligibility | DC2022MS00040 | DC-22-0014

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Superseded SPA ID	New		
	User-Entered		

D. Additional Information (optional)

Medicaid State Plan Eligibility

Eligibility Groups - Options for Coverage

Children under Age 19 with a Disability

MEDICAID | Medicaid State Plan | Eligibility | DC2022MS0004O | DC-22-0014

Children under age 19 with a disability who would be eligible if they were in a medical institution (known as Katie Beckett).

Package Header

Package ID	DC2022MS0004O	SPA ID	DC-22-0014
Submission Type	Official	Initial Submission Date	12/31/2022
Approval Date	3/29/2023	Effective Date	10/1/2022
Superseded SPA ID	99-12; 16-003		
	User-Entered		

The state operates the Children under Age 19 with a Disability eligibility group in accordance with the following provisions:

A. Characteristics

Individuals qualifying under this eligibility group must meet the following criteria:

1. Are under age 19 and qualify as an individual with a disability under section 1614(a) of the Act.
2. For whom the state has determined the following:
 - a. The individual requires a level of care provided in a hospital, nursing facility, or intermediate care facility for individuals with intellectual disabilities;
 - b. It is appropriate to provide such care for the child outside such an institution; and
 - c. The estimated cost for the individual's care is not greater than the cost which would otherwise be expended within an appropriate institution.
3. Would be eligible for one or more of the following Medicaid eligibility groups if in a medical institution:
 - a. Individuals in Institutions Eligible under a Special Income Level
 - b. Age and Disability-related Poverty Level
 - c. Medically Needy Individuals
 - d. Individuals Eligible for but Not Receiving Cash Assistance
 - e. Other eligibility group(s):

Children under Age 19 with a Disability

MEDICAID | Medicaid State Plan | Eligibility | DC2022MS00040 | DC-22-0014

Package Header

Package ID	DC2022MS00040	SPA ID	DC-22-0014
Submission Type	Official	Initial Submission Date	12/31/2022
Approval Date	3/29/2023	Effective Date	10/1/2022
Superseded SPA ID	99-12; 16-003		
	User-Entered		

B. Financial Methodologies and Standards

1. The income and resource methodologies and standards for the group used to determine institutional eligibility are used for this group.

2. Less restrictive methodologies are used in calculating countable income.

Yes

No

3. Less restrictive methodologies are used in calculating countable resources.

Yes

No

Children under Age 19 with a Disability

MEDICAID | Medicaid State Plan | Eligibility | DC2022MS0004O | DC-22-0014

Package Header

Package ID	DC2022MS0004O	SPA ID	DC-22-0014
Submission Type	Official	Initial Submission Date	12/31/2022
Approval Date	3/29/2023	Effective Date	10/1/2022
Superseded SPA ID	99-12; 16-003		
	User-Entered		

C. Cost Effectiveness Determination

1. The cost-effectiveness determination is performed:

- a. Annually
- b. Semi-annually
- c. Other frequency:

2. The calculation is made at the individual level, using the following methodology:

- a. Standard methodology is used.
- b. An alternative methodology is used.

Description:

(a) The Department of Health Care Finance (DHCF) shall employ the following methodology upon a child's initial application to determine cost effectiveness:

- (1) The annual cost of the services that the child is prescribed or ordered to receive in the Care Plan will be estimated using the established District of Columbia Medicaid Fee Schedule, which shall also factor in the child's acuity level and severity of illness, as supported in the child's Care Plan and LOC forms;
- (2) The annual cost of services, if those services were provided in an institution, will be estimated by multiplying the current institutional Medicaid reimbursement rates with the number of days in one year. DHCF will use the applicable per-diem Medicaid reimbursement rates of an institution (specialty hospital, intermediate care facility, or nursing facility) enrolled in the DC Medicaid Program that most closely meets the medical needs of the child. The beneficiary's acuity level, severity of illness, and length of stay, as supported in the child's Care Plan and LOC forms, shall be factored into the estimation. This estimate will be the institutional/maximum allowable cost;
- (3) The annual Care Plan cost identified in (a)(1) will be compared with the institutional/maximum allowable cost identified in (a)(2);
- (4) If a cost effectiveness review using the methodology under (a)(1) – (a)(3) reveals that the estimated annual Care Plan cost identified in (a)(1) does not exceed the institutional/maximum allowable costs identified in (a)(2), the child's annual cost of care outside of an institution is deemed cost effective; and
- (5) If the estimated annual Care Plan cost identified in (a)(1) exceeds the institutional/maximum allowable cost identified in (a)(2), the child shall be deemed ineligible for Medicaid coverage under the Katie Beckett eligibility group.

(b) DHCF shall employ the following methodology during annual renewals to determine cost effectiveness, unless there is a significant change in services prescribed or ordered for a child:

- (1) Calculate the actual or estimated annual cost of care incurred for the child in the preceding year by aggregating the actual monthly costs of care;
- (2) Compare actual or estimated annual cost determined under (b)(1) with the institutional/maximum allowable costs that was previously determined under (a)(2);
- (3) If a cost effectiveness review using the methodology under (b)(1) – (b)(2) reveals that actual or estimated costs of care incurred for the child do not exceed the institutional/maximum allowable costs, the child's annual cost of care outside of an institution is deemed cost effective; and
- (4) If the cost effectiveness review conducted reveals that a child's estimated Medicaid cost of care received at home exceeds the estimated Medicaid costs of care received in an institution, the child shall be deemed ineligible for Medicaid coverage under the Katie Beckett eligibility group.

(c) DHCF shall employ the methodology described under (a)(1) – (a)(3) if there is a significant change to the services prescribed or ordered for a child in the Care Plan that is submitted at annual renewal.

(d) DHCF shall conduct a new cost effectiveness review using the methodology set forth under (a)(1) – (a)(3) if additional services are prescribed or ordered for the child before the end of the child's eligibility period.

Children under Age 19 with a Disability

MEDICAID | Medicaid State Plan | Eligibility | DC2022MS00040 | DC-22-0014

Package Header

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D. Additional Information (optional)

Medicaid State Plan Eligibility

Eligibility Groups - Options for Coverage

Age and Disability- Related Poverty Level

MEDICAID | Medicaid State Plan | Eligibility | DC2022MS0004O | DC-22-0014

Individuals who are age 65 or older or who have a disability, with income no higher than 100% FPL.

Package Header

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The state covers the optional Age and Disability-Related Poverty Level eligibility group in accordance with the following provisions:

A. Characteristics

Individuals qualifying under this eligibility group must meet the following criteria:

1. Meet at least one of the following condition(s):
 - a. Are age 65 or older; or
 - b. Have a disability.
2. Have income and resources at or below the standard for this group.

Age and Disability- Related Poverty Level

MEDICAID | Medicaid State Plan | Eligibility | DC2022MS00040 | DC-22-0014

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	User-Entered		

B. Individuals Covered

1. The state covers all individuals who meet the characteristics described in section A.

- Yes
- No

Age and Disability- Related Poverty Level

MEDICAID | Medicaid State Plan | Eligibility | DC2022MS00040 | DC-22-0014

Package Header

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C. Financial Methodologies

1. SSI methodologies are used in calculating household income and resources. Please refer as necessary to Non-MAGI Methodologies, completed by the state.

2. Less restrictive methodologies are used in calculating countable income.

- Yes
- No

a. The state uses the same less restrictive income methodologies for all individuals covered.

- Yes
- No

The less restrictive income methodologies are:

Training allowances and expenses are disregarded.

Description of disregard: Training income, such as training expense allowances and stipends.

Assistance is disregarded when received by the household from state-funded programs.

Name of program:	Description:
Child Nutrition Payments	Child nutrition payments
Energy Assistance Payments	Energy assistance payments
Housing Assistance	Housing assistance provided by the federal or District of Columbia government or non-profit organizations.
TANF Underpayments	TANF underpayments received
Utility Allowance Received Through a Housing Program	Utility allowances received through a federal or District government housing assistance program.
Rehabilitation Service Administration Payments	Rehabilitation Service Administration (RSA) payments received under the Rehabilitation Act of 1973, effective September 26, 1973

Name of program:	Description: (87 Stat. 355; 29 U.S.C. §§ 701 et seq.).
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Income is disregarded when used for payments made by the household:

Specified payments made by the household:

Name of payment:	Description:
Roommates	Payments received from roommates to cover their share of household expenses such as rent and utilities and which are paid by the applicant or beneficiary to the landlord or utility company.

A specified type of income is disregarded:

Name of income type:	Description:
Children's Earnings	Earnings from an unmarried child who is living with a person who provides care or supervision, or earnings from a child who is a student in college or vocational training.
Educational Benefits	Educational benefits, including Department of Education (DOE) Bureau of Indian Affairs Benefits, DOE Title IV Benefits, DOE Perkins Vocational and Applied Technology Education Act, DOE work study wages, and other any education benefits work study.
Adoption Subsidy	Adoption Subsidy
AmeriCorps/VISTA Income	AmeriCorps/VISTA income received under the National and Community Service Trust Act of 1993, effective September 21, 1993 (107 Stat. 787; 12 U.S.C. §§ 12501 et seq.), as amended by the Serve America Act of 2009, effective April 21, 2009 (123 Stat. 1463; 42 U.S.C. §§ 12501 et seq.).

Name of income type:	Description:
Domestic Volunteer Service Act Payments	Payments received under the Domestic Volunteer Service Act of 1973, effective October 1, 1973 (87 Stat. 396; 42 U.S.C. §§ 4950 et seq.), as amended by the Domestic Volunteer Service Act Amendments of 1984, effective May 21, 1984 (98 Stat. 189; 42 U.S.C. §§ 4951 et seq.), as amended by the National and Community Service Trust Act of 1993, effective September 21, 1993 (107 Stat. 899; 12 U.S.C. §§ 12501 et seq.), as amended by the Serve America Act of 2009, effective April 21, 2009 (123 Stat. 1581; 42 U.S.C. §§ 12501 et seq.).
Earned Income Tax Credits	Earned Income Tax Credits
Foster Care Payments	Foster care payments
Incentive Payments for Prenatal & Well-Baby Care and from the Work Incentive programs for current or former TANF recipients	Incentive payments for prenatal and well-baby care, and from the work incentive programs for current or former recipients of Temporary Assistance for Needy Families (TANF) under the Personal Responsibility and Work Opportunity Reconciliation Act of 1996, effective August 22, 1996 (110 Stat. 2105; 42 U.S.C. §§ 1305 et seq.).
In-Kind/Non-Cash Benefits	Non-cash benefits in the form of a voucher, commodity, or service.
Jury Duty	Jury duty payments
Money Received by a Third Party	Money received by a third party for an applicant, beneficiary, or community spouse--disregarded unless applicant, beneficiary, or community spouse has or will have access to the funds.

Name of income type:	Description:
Money Received on Behalf of a Third Party	Money received by an applicant, beneficiary, or community spouse, on behalf of any third party--disregarded as income received if it does not reflect the needs of the individual receiving the money.
Reimbursements to Cover Past, Current, or Future Expenses	Reimbursements received from an individual or organization to cover past, current, or future expenses, if all the following conditions are met: (1) The reimbursement is for actual expenses; (2) The reimbursement is earmarked to cover those expenses; and (3) The reimbursement is paid or documented separately from any other payment such as wages.
Senior Community Service Employment Program	Senior Community Service Employment Program (SCSEP) income received under the Older Americans Act of 1965, approved July 14, 1965 (79 Stat. 218; 42 U.S.C. §§ 3001 et seq.), as amended by the Older Americans Act Amendments of 2000, approved November 13, 2000 (114 Stat. 2226; 42 U.S.C. §§ 3001 et seq.), as amended by the Older Americans Act Amendments of 2006, approved October 17, 2006 (120 Stat. 2522; 42 U.S.C. §§ 3001 et seq.).
Federal Unearned Income Exclusions	Other uncommon unearned income exclusions required under federal statute.

3. Less restrictive methodologies are used in calculating countable resources.

- Yes
- No

a. The state uses the same less restrictive resource methodologies for all individuals covered.

- Yes
- No

The less restrictive resource methodologies are:

- General resource disregard:

Name of disregard:	Description:
\$2,400 / \$3,000 Countable Resource Disregard	All countable resources between \$2,600 and \$4,000 for individuals, or between \$3,000 and \$6,000 for couples, are disregarded.

- Real property not otherwise excluded is disregarded.

Description of disregard: Indian lands; land contracts; and property pending sale.

- The state uses a less restrictive methodology with respect to resources set aside for burial.

- Specified methodology for the treatment of resources set aside for burial:

Name of methodology:	Description:
Burial Fund Disregard	Burial funds in a separate, designated account are disregarded.

- The value of a countable life insurance policy is disregarded.

Description of disregard: Life insurance funded funerals

- The state uses a less restrictive methodology with respect to the treatment of motor vehicles.

- The value of a countable motor vehicle is totally disregarded, without limits or conditions.

- One motor vehicle
- More than one motor vehicle

- The state uses a less restrictive methodology with respect to the treatment of otherwise countable refunds.

- State tax refunds

Description: Income Tax Refunds (excluded for the first 12 months)

- Federal tax refunds

Description: Income Tax Refunds

(excluded for the first 12 months)

The state uses a less restrictive methodology with respect to the treatment of resources set aside in specified types of accounts.

Resources set aside for retirement

Individual Retirement Accounts (IRA)

Description: IRAs, including Roth and other non-education IRAs

Tax exempt accounts - 401(k) and/or 403(b)

Description: Retirement accounts, including 401(k), 403(b), and 457 accounts-- but excluding some types of annuities.

Specified types of accounts:

Name of account:	Description:
Keogh Accounts	Keogh pension plans
Higher Education Savings Plans	Higher education savings plans, including 529 accounts and education IRAs.
U.S. Savings Bonds	U.S. savings bonds, if penalties apply to early withdrawals/liquidations and they have not been renewed/reinvested during any immediately preceding period of Medicaid eligibility.
HUD Reimbursements	HUD reimbursements

Household goods and services are disregarded as a resource.

Description of disregard: Household /personal goods

Lump sums are disregarded as a resource.

Specified type of lump sum:

Name of lump sum type:	Description:
Agent Orange Settlement	Agent Orange settlement or related funds

Name of lump sum type:	Description:
District of Columbia Government Settlements	Payments from District government entities related to Evans v. Williams, Dixon v. Williams, Brady v. Williams, Salazar v. Williams, and other judgments or settlement agreements made on behalf of customers of District Government agencies.
P.L. 100-383 Payments	Payments under P.L. 100-383 to U.S. citizens of Japanese ancestry, resident Japanese aliens, and Andaluets.
Radiation Exposure Compensation Act Payments	Payments made under the Radiation Exposure Compensation Act of 1990, P.L. 101-425, as compensation for exposure to radiation.
Underwood v. Harris Payments	Tax and utility cost subsidy payments issued by the Department of Housing and Urban Development as a result of Underwood v. Harris.

A specified type of resource is disregarded:

Name of resource type:	Description:
Accounts Receivable	Accounts receivable
Promissory Notes	Promissory notes not related to transfers of resources within the past 36 months.
Earned Income Tax Credit	EITC excluded for the first 12 months
Energy Assistance	Energy assistance payments--however, if these payments are co-mingled with other countable resources, SSI operational methodologies will be applied.
Home Sale Proceeds	Proceeds from sale of home, if individual purchases or intends to purchase new

Name of resource type:	Description:
	home within the next 12 months.
Inaccessible Assets	Inaccessible assets
Jointly Owned Assets	Jointly owned assets, if individual is legally unable to liquidate asset(s).
Loan-Related Assets	Loan-related assets
Non-Saleable Assets	Non-saleable assets

The following less restrictive methodologies are used:

Name of methodology:	Description:
Accrued/Retroactive Benefits Disregard	<p>The first \$12,000 in lump sum payments of accrued or retroactive benefits is excluded for the first 12 months for the following:</p> <ul style="list-style-type: none"> - Unemployment compensation - Railroad Retirement benefits - Veteran's benefits <p>The following lump sum payments of accrued or retroactive benefits will be excluded in their entirety:</p> <ul style="list-style-type: none"> - TANF - TANF Diversionary Payments - SSI, OASDI benefits (i.e., SSI, SSDI, and Social Security) - Medicare Buy-In and related reimbursements <p>If the funds are co-mingled with other countable resources, SSI operational methodologies will be applied.</p>
Insurance Compensation	<p>Insurance compensation is excluded for the first 12 months if the payment is for lost property/assets that would not have been countable (e.g., a vehicle or primary residence). Additionally, an insurance or lawsuit settlement (e.g., for injuries sustained in an accident) shall be:</p> <p>(1) Entirely excluded</p>

Name of methodology:	Description:
Rent Payments Withheld	<p>if it is structured as a qualifying trust; or (2) Excluded for the first three (3) months if the beneficiary or their representative certifies that the funds will be transferred to a qualifying trust within the three-month timeframe.</p> <p>*These exclusions do not affect the ability of the District of Columbia's Office of the Attorney General to recover all or part of such compensation amounts for past, current, or future Medicaid expenditures.</p> <p>Rent payments withheld (due to rent strike, etc.) are excluded if funds are in the possession of the renters' group or a third party such as the Landlord Tenant Court or Neighborhood Legal Services.</p>

Age and Disability- Related Poverty Level

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D. Income Standard Used

The income standard for this eligibility group is:

- 1. 100% FPL
- 2. A lower percent of the FPL:

Age and Disability- Related Poverty Level

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E. Resource Standard Used

The resource standard used is:

- 1. The resource limit for the SSI program; or
- 2. The resource limit used in the state's medically needy program, if higher.

Age and Disability- Related Poverty Level

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F. Additional Information (optional)

Medicaid State Plan Eligibility

Eligibility Groups - Medically Needy

Medically Needy Pregnant Women

MEDICAID | Medicaid State Plan | Eligibility | DC2022MS00040 | DC-22-0014

Woman who are pregnant or post-partum who would qualify under the state's Pregnant Women eligibility group, except for income.

Package Header

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The state covers the Medically Needy Pregnant Women eligibility group in accordance with the following provisions:

A. Characteristics

Individuals qualifying under this eligibility group must meet the following criteria:

1. Are pregnant or post-partum, as defined in 42 CFR 435.4.
2. Would qualify under the Pregnant Women eligibility group, except for income.
3. Are not otherwise eligible for categorically needy coverage under the state plan.
4. Have income at or below the medically needy income level and resources at or below the medically needy resource level.

Medically Needy Pregnant Women

MEDICAID | Medicaid State Plan | Eligibility | DC2022MS00040 | DC-22-0014

Package Header

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B. Financial Methodologies

1. The financial methodology used is:

- a. AFDC methodologies. Please refer as necessary to Non-MAGI Methodologies, completed by the state.
- b. MAGI-like methodologies. Please refer as necessary to Non-MAGI Methodologies, completed by the state.

2. Less restrictive methodologies are used in calculating countable income.

- Yes
- No

The less restrictive income methodologies are:

- General income disregard:

Name of disregard:	Description:
Medically Needy	The District will disregard countable earned and unearned income in an amount equal to the difference between the 50% of the Federal Poverty Level and the District's Medically Needy Income Levels for a household of the same size, except that the disregard for a household of one is equal to 95% of the disregard for a household of two.

3. Less restrictive methodologies are used in calculating countable resources.

- Yes
- No

The less restrictive resource methodologies are:

- All resources are disregarded. No resource test is applied.

Medically Needy Pregnant Women

MEDICAID | Medicaid State Plan | Eligibility | DC2022MS00040 | DC-22-0014

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C. Income Standard Used

The income standard used for this group is described in the Medically Needy Income Level RU.

D. Resource Standard Used

The resource standard used for this group is described in the Medically Needy Resource Level RU.

E. Spenddown

The state allows individuals to deduct incurred medical and remedial expenses (spend down) to become eligible under this group. Spenddown is defined in the Handling of Excess Income (Spenddown) RU.

Medically Needy Pregnant Women

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F. Additional Information (optional)

Medicaid State Plan Eligibility

Eligibility Groups - Medically Needy

Medically Needy Children under Age 18

MEDICAID | Medicaid State Plan | Eligibility | DC2022MS00040 | DC-22-0014

Children under age 18 who would qualify under the state's categorically needy eligibility groups, except for income.

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The state covers the Medically Needy Children under Age 18 eligibility group in accordance with the following provisions:

A. Characteristics

Individuals qualifying under this eligibility group must meet the following criteria:

1. Are under age 18.
2. Would qualify as categorically needy, except for income.
3. Are not otherwise eligible for categorically needy coverage under the state plan.
4. Have income at or below the medically needy income level and resources at or below the medically needy resource level.

Medically Needy Children under Age 18

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B. Financial Methodologies

1. The financial methodology used is:

- a. AFDC methodologies. Please refer as necessary to Non-MAGI Methodologies, completed by the state.
- b. MAGI-like methodologies. Please refer as necessary to Non-MAGI Methodologies, completed by the state.

2. Less restrictive methodologies are used in calculating countable income.

- Yes
- No

The less restrictive income methodologies are:

- General income disregard:

Name of disregard:	Description:
Medically Needy	The District will disregard countable earned and unearned income in an amount equal to the difference between the 50% of the Federal Poverty Level and the District's Medically Needy Income Levels for a household of the same size, except that the disregard for a household of one is equal to 95% of the disregard for a household of two.

3. Less restrictive methodologies are used in calculating countable resources.

- Yes
- No

The less restrictive resource methodologies are:

- All resources are disregarded. No resource test is applied.

Medically Needy Children under Age 18

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C. Income Standard Used

The income standard used for this group is described in the Medically Needy Income Level RU.

D. Resource Standard Used

The resource standard used for this group is described in the Medically Needy Resource Level RU.

E. Spenddown

The state allows individuals to deduct incurred medical and remedial expenses (spend down) to become eligible under this group. Spenddown is defined in the Handling of Excess Income (Spenddown) RU.

Medically Needy Children under Age 18

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F. Additional Information (optional)

Medically Needy Children under Age 18

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Medicaid State Plan Eligibility

Eligibility Groups - Medically Needy

Protected Medically Needy Individuals Who Were Eligible in 1973

MEDICAID | Medicaid State Plan | Eligibility | DC2022MS00040 | DC-22-0014

Individuals who were eligible as medically needy in 1973 based on blindness or disability, and who have been continuously eligible since that time.

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The state operates the Protected Medically Needy Individuals Who Were Eligible in 1973 eligibility group in accordance with the following provisions:

A. Characteristics

Individuals qualifying under this eligibility group must meet the following criteria:

1. Were eligible as medically needy in December 1973 on the basis of the blindness or disability criteria of the AB, APTD, or AABD plan.
2. For each consecutive month after December 1973, continue to meet:
 - a. Those blindness or disability criteria; and
 - b. The eligibility requirements for the medically needy under the December 1973 plan.
3. Meet all current requirements as medically needy, except for the blindness or disability criteria.

Protected Medically Needy Individuals Who Were Eligible in 1973

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B. Additional Information (optional)

Protected Medically Needy Individuals Who Were Eligible in 1973

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Medicaid State Plan Eligibility

Eligibility Groups - Medically Needy

Medically Needy Reasonable Classifications of Individuals under Age 21

MEDICAID | Medicaid State Plan | Eligibility | DC2022MS00040 | DC-22-0014

One or more reasonable classifications of individuals under age 21 who do not qualify as categorically needy.

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The state covers the optional Medically Needy Reasonable Classifications of Individuals under Age 21 eligibility group in accordance with the following provisions:

A. Characteristics

Individuals qualifying under this eligibility group must meet the following criteria:

1. Are under age 21, or a lower age, as specified in section C.
2. Would not qualify under the Medically Needy Children under Age 18 eligibility group (42 CFR 435.301)
3. Are not otherwise eligible for categorically needy coverage under the state plan.
4. Have income at or below the medically needy income level and resources at or below the medically needy resource level.

Medically Needy Reasonable Classifications of Individuals under Age 21

MEDICAID | Medicaid State Plan | Eligibility | DC2022MS00040 | DC-22-0014

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B. Individuals Covered

The state covers the following populations:

- 1. All children under a specified age limit:
 - i. Under age 21
 - ii. Under age 20
 - iii. Under age 19
- 2. Reasonable classifications of children

Medically Needy Reasonable Classifications of Individuals under Age 21

MEDICAID | Medicaid State Plan | Eligibility | DC2022MS00040 | DC-22-0014

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C. Financial Methodologies

1. The state uses the same financial methodology for all individuals covered.

- Yes
 No

2. The financial methodology used is:

- a. AFDC methodologies. Please refer as necessary to Non-MAGI Methodologies, completed by the state.
 b. MAGI-like methodologies. Please refer as necessary to Non-MAGI Methodologies, completed by the state.

3. Less restrictive methodologies are used in calculating countable income.

- Yes
 No

The less restrictive income methodologies are:

- General income disregard:

Name of disregard:	Description:
Medically Needy	The District will disregard countable earned and unearned income in an amount equal to the difference between the 50% of the Federal Poverty Level and the District's Medically Needy Income Levels for a household of the same size, except that the disregard for a household of one is equal to 95% of the disregard for a household of two.

- The following less restrictive methodologies are used:

Name of methodology:	Description:
1915(i) Income Disregard	Individuals who meet the eligibility criteria for 1915(i) State Plan Home and Community-Based Services will have income between 150% FPL and 215% FPL disregarded.

4. Less restrictive methodologies are used in calculating countable resources.

- Yes
 No

The less restrictive resource methodologies are:

- All resources are disregarded. No resource test is applied.

Medically Needy Reasonable Classifications of Individuals under Age 21

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D. Income Standard Used

The income standard used for this group is described in the Medically Needy Income Level RU.

E. Resource Standard Used

The resource standard used for this group is described in the Medically Needy Resource Level RU.

F. Spenddown

The state allows individuals to deduct incurred medical and remedial expenses (spend down) to become eligible under this group. Spenddown is defined in the Handling of Excess Income (Spenddown) RU.

Medically Needy Reasonable Classifications of Individuals under Age 21

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G. Additional Information (optional)

Medicaid State Plan Eligibility

Eligibility Groups - Medically Needy

Medically Needy Parents and Other Caretaker Relatives

MEDICAID | Medicaid State Plan | Eligibility | DC2022MS00040 | DC-22-0014

Parents and other caretaker relatives of dependent children who do not qualify as categorically needy.

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The state covers the optional Medically Needy Parents and Other Caretaker Relatives eligibility group in accordance with the following provisions:

A. Characteristics

Individuals qualifying under this eligibility group must meet the following criteria:

1. Meet the definition of parent or caretaker relative, as described in the mandatory Parents and Other Caretaker Relatives eligibility group.
2. Are not otherwise eligible for categorically needy coverage under the state plan.
3. Have income at or below the medically needy income level and resources at or below the medically needy resource level.

Medically Needy Parents and Other Caretaker Relatives

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B. Financial Methodologies

1. The financial methodology used is:

- a. AFDC methodologies. Please refer as necessary to Non-MAGI Methodologies, completed by the state.
- b. MAGI-like methodologies. Please refer as necessary to Non-MAGI Methodologies, completed by the state.

2. Less restrictive methodologies are used in calculating countable income.

- Yes
- No

The less restrictive income methodologies are:

- General income disregard:

Name of disregard:	Description:
Medically Needy	The District will disregard countable earned and unearned income in an amount equal to the difference between the 50% of the Federal Poverty Level and the District's Medically Needy Income Levels for a household of the same size, except that the disregard for a household of one is equal to 95% of the disregard for a household of two.

3. Less restrictive methodologies are used in calculating countable resources.

- Yes
- No

The less restrictive resource methodologies are:

- All resources are disregarded. No resource test is applied.

Medically Needy Parents and Other Caretaker Relatives

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C. Income Standard Used

The income standard used for this group is described in the Medically Needy Income Level RU.

D. Resource Standard Used

The resource standard used for this group is described in the Medically Needy Resource Level RU.

E. Spenddown

The state allows individuals to deduct incurred medical and remedial expenses (spend down) to become eligible under this group. Spenddown is defined in the Handling of Excess Income (Spenddown) RU.

Medically Needy Parents and Other Caretaker Relatives

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F. Additional Information (optional)

Medicaid State Plan Eligibility

Eligibility Groups - Medically Needy

Medically Needy Populations Based on Age, Blindness or Disability

MEDICAID | Medicaid State Plan | Eligibility | DC2022MS00040 | DC-22-0014

Individuals who are age 65 or older or who have blindness or a disability who do not qualify as categorically needy.

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The state covers the optional Medically Needy Populations Based on Age, Blindness or Disability eligibility group in accordance with the following provisions:

A. Characteristics

Individuals qualifying under this eligibility group must meet the following criteria:

1. Meet at least one of the following:

- a. Are age 65 or older;
- b. Have blindness; or
- c. Have a disability.

2. Are not otherwise eligible for categorically needy coverage under the state plan.

3. Have income at or below the medically needy income level and resources at or below the medically needy resource level.

Medically Needy Populations Based on Age, Blindness or Disability

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B. Individuals Covered

The state covers the following populations:

- 1. Individuals age 65 or older
- 2. Individuals with blindness
- 3. Individuals who have a disability

Medically Needy Populations Based on Age, Blindness or Disability

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C. Financial Methodologies

1. The state uses the same financial methodology for all individuals covered.

Yes

No

2. The financial methodology used is:

a. SSI methodologies. Please refer as necessary to Non-MAGI Methodologies, completed by the state.

b. Less restrictive methodologies are used in calculating countable income.

Yes No

The less restrictive income methodologies are:

General income disregard:

Name of disregard:	Description:
Medically Needy Income Disregard	The District will disregard countable earned and unearned income in an amount equal to the difference between the 50% of the Federal Poverty Level and the District's Medically Needy Income Levels for a household of the same size, except that the disregard for a household of one is equal to 95% of the disregard for a household of two.

Training allowances and expenses are disregarded.

Description of disregard: Training income, such as training expense allowances and stipends.

Assistance is disregarded when received by the household from state-funded programs.

Name of program:	Description:
Child Nutrition Payments	Child nutrition payments
Energy Assistance Payments	Energy assistance payments

Name of program:	Description:
Housing Assistance	Housing assistance provided by the federal or District of Columbia government or non-profit organizations.
TANF Underpayments	TANF underpayments received
Utility Allowance Received Through a Housing Program	Utility allowances received through a federal or District government housing assistance program.
Rehabilitation Service Administration Payments	Rehabilitation Service Administration (RSA) payments received under the Rehabilitation Act of 1973, effective September 26, 1973 (87 Stat. 355; 29 U.S.C. §§ 701 et seq.).
Nutrition payments	Nutrition payments

Income is disregarded when used for payments made by the household:

Specified payments made by the household:

Name of payment:	Description:
Roommates	Payments received from roommates to cover their share of household expenses such as rent and utilities and which are paid by the applicant or beneficiary to the landlord or utility company.

A specified type of income is disregarded:

Name of income type:	Description:
Children's Earnings	Earnings from an unmarried child who is living with a person who provides care or supervision, or earnings from a child who is a student in college or vocational training.
Educational Benefits	Educational benefits, including Department of Education (DOE) Bureau of Indian Affairs Benefits, DOE Title IV Benefits, DOE

Name of income type:	Description:
	Perkins Vocational and Applied Technology Education Act, DOE work study wages, and other any education benefits work study.
Adoption Subsidy	Adoption Subsidy
AmeriCorps/VISTA Income	AmeriCorps/VISTA income received under the National and Community Service Trust Act of 1993, effective September 21, 1993 (107 Stat. 787; 12 U.S.C. §§ 12501 et seq.), as amended by the Serve America Act of 2009, effective April 21, 2009 (123 Stat. 1463; 42 U.S.C. §§ 12501 et seq.).
Domestic Volunteer Service Act Payments	Payments received under the Domestic Volunteer Service Act of 1973, effective October 1, 1973 (87 Stat. 396; 42 U.S.C. §§ 4950 et seq.), as amended by the Domestic Volunteer Service Act Amendments of 1984, effective May 21, 1984 (98 Stat. 189; 42 U.S.C. §§ 4951 et seq.), as amended by the National and Community Service Trust Act of 1993, effective September 21, 1993 (107 Stat. 899; 12 U.S.C. §§ 12501 et seq.), as amended by the Serve America Act of 2009, effective April 21, 2009 (123 Stat. 1581; 42 U.S.C. §§ 12501 et seq.).
Earned Income Tax Credits	Earned Income Tax Credits
Foster Care Payments	Foster care payments
Incentive Payments for Prenatal & Well-Baby Care and from the Work Incentive programs for current or former TANF recipients	Incentive payments for prenatal and well-baby care, and from the work incentive programs for current or former recipients of Temporary Assistance for Needy Families (TANF) under the Personal

Name of income type:	Description:
	Responsibility and Work Opportunity Reconciliation Act of 1996, effective August 22, 1996 (110 Stat. 2105; 42 U.S.C. §§ 1305 et seq.).
In-Kind/Non-Cash Benefits	Non-cash benefits in the form of a voucher, commodity, or service.
Jury Duty	Jury duty payments
Money Received by a Third Party	Money received by a third party for an applicant, beneficiary, or community spouse--disregarded unless applicant, beneficiary, or community spouse has or will have access to the funds.
Money Received on Behalf of a Third Party	Money received by an applicant, beneficiary, or community spouse, on behalf of any third party--disregarded as income received if it does not reflect the needs of the individual receiving the money.
Reimbursements to Cover Past, Current, or Future Expenses	Reimbursements received from an individual or organization to cover past, current, or future expenses, if all the following conditions are met: (1) The reimbursement is for actual expenses; (2) The reimbursement is earmarked to cover those expenses; and (3) The reimbursement is paid or documented separately from any other payment such as wages.
Senior Community Service Employment Program	Senior Community Service Employment Program (SCSEP) income received under the Older Americans Act of 1965, approved July 14, 1965 (79 Stat. 218; 42 U.S.C. §§ 3001 et seq.), as amended by the Older Americans Act

Name of income type:	Description: Amendments of 2000, approved November 13, 2000 (114 Stat. 2226; 42 U.S.C. §§ 3001 et seq.), as amended by the Older Americans Act Amendments of 2006, approved October 17, 2006 (120 Stat. 2522; 42 U.S.C. §§ 3001 et seq.).
Federal Unearned Income Exclusions	Other uncommon unearned income exclusions required under federal statute.

c. Less restrictive methodologies are used in calculating countable resources.

Yes No

The less restrictive resource methodologies are:

General resource disregard:

Name of disregard:	Description:
\$2,400 / \$3,000 Countable Resource Disregard	All countable resources between \$2,600 and \$4,000 for individuals, or between \$3,000 and \$6,000 for couples, are disregarded.

Real property not otherwise excluded is disregarded.

Description of disregard: Indian lands; land contracts; and property pending sale.

The state uses a less restrictive methodology with respect to resources set aside for burial.

Specified methodology for the treatment of resources set aside for burial:

Name of methodology:	Description:
Burial Fund Disregard	Burial funds in a separate, designated account are disregarded.

The value of a countable life insurance policy is disregarded.

Description of disregard: Life insurance funded funerals

The state uses a less restrictive methodology with respect to the treatment of motor vehicles.

The value of a countable motor vehicle is totally disregarded, without limits or conditions.

- One motor vehicle
- More than one motor vehicle

The state uses a less restrictive methodology with respect to the treatment of otherwise countable refunds.

State tax refunds

Description: Income Tax Refunds (excluded for the first 12 months)

Federal tax refunds

Description: Income Tax Refunds (excluded for the first 12 months)

The state uses a less restrictive methodology with respect to the treatment of resources set aside in specified types of accounts.

Resources set aside for retirement

Individual Retirement Accounts (IRA)

Description: IRAs, including Roth and other non-education IRAs

Tax exempt accounts - 401(k) and/or 403(b)

Description: Retirement accounts, including 401(k), 403(b), and 457 accounts--but excluding some types of annuities.

Specified types of accounts:

Name of account:	Description:
Keogh Accounts	Keogh pension plans
Higher Education Savings Plans	Higher education savings plans, including 529 accounts and education IRAs.
U.S. Savings Bonds	U.S. savings bonds, if penalties apply to early withdrawals/liquidations and they have

Name of account:	Description:
	not been renewed/reinvested during any immediately preceding period of Medicaid eligibility.
HUD Reimbursements	HUD reimbursements

Household goods and services are disregarded as a resource.

Description of disregard: Household /personal goods

Lump sums are disregarded as a resource.

Specified type of lump sum:

Name of lump sum type:	Description:
Agent Orange Settlement	Agent Orange settlement or related funds
District of Columbia Government Settlements	Payments from District government entities related to Evans v. Williams, Dixon v. Williams, Brady v. Williams, Salazar v. Williams, and other judgments or settlement agreements made on behalf of customers of District Government agencies.
P.L. 100-383 Payments	Payments under P.L. 100-383 to U.S. citizens of Japanese ancestry, resident Japanese aliens, and Andaluets.
Radiation Exposure Compensation Act Payments	Payments made under the Radiation Exposure Compensation Act of 1990, P.L. 101-425, as compensation for exposure to radiation.
Underwood v. Harris Payments	Tax and utility cost subsidy payments issued by the Department of Housing and Urban Development as a result of Underwood v. Harris.

A specified type of resource is disregarded:

Name of resource type:	Description:
Accounts Receivable	Accounts receivable
Promissory Notes	Promissory notes not related to transfers of resources within the past 36 months.
Earned Income Tax Credit	EITC excluded for the first 12 months
Energy Assistance	Energy assistance payments--however, if these payments are co-mingled with other countable resources, SSI operational methodologies will be applied.
Home Sale Proceeds	Proceeds from sale of home, if individual purchases or intends to purchase new home within the next 12 months.
Inaccessible Assets	Inaccessible assets
Jointly Owned Assets	Jointly owned assets, if individual is legally unable to liquidate asset(s).
Loan-Related Assets	Loan-related assets
Non-Saleable Assets	Non-saleable assets

The following less restrictive methodologies are used:

Name of methodology:	Description:
Accrued/Retroactive Benefits Disregard	<p>The first \$12,000 in lump sum payments of accrued or retroactive benefits is excluded for the first 12 months for the following:</p> <ul style="list-style-type: none"> - Unemployment compensation - Railroad Retirement benefits - Veteran's benefits <p>The following lump sum payments of accrued or retroactive benefits will be excluded in their entirety:</p> <ul style="list-style-type: none"> - TANF - TANF Diversionary Payments - SSI, OASDI benefits (i.e., SSI, SSDI, and Social Security) - Medicare Buy-In

Name of methodology:	Description:
	<p>and related reimbursements</p> <p>If the funds are co-mingled with other countable resources, SSI operational methodologies will be applied.</p>
Insurance Compensation	<p>Insurance compensation is excluded for the first 12 months if the payment is for lost property/assets that would not have been countable (e.g., a vehicle or primary residence). Additionally, an insurance or lawsuit settlement (e.g., for injuries sustained in an accident) shall be: (1) Entirely excluded if it is structured as a qualifying trust; or (2) Excluded for the first three (3) months if the beneficiary or their representative certifies that the funds will be transferred to a qualifying trust within the three-month timeframe.</p> <p>*These exclusions do not affect the ability of the District of Columbia's Office of the Attorney General to recover all or part of such compensation amounts for past, current, or future Medicaid expenditures.</p>
Rent Payments Withheld	<p>Rent payments withheld (due to rent strike, etc.) are excluded if funds are in the possession of the renters' group or a third party such as the Landlord Tenant Court or Neighborhood Legal Services.</p>

Medically Needy Populations Based on Age, Blindness or Disability

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D. Income Standard Used

The income standard used for this group is described in the Medically Needy Income Level RU.

Medically Needy Populations Based on Age, Blindness or Disability

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E. Resource Standard Used

The resource standard used for this group is described in the Medically Needy Resource Level RU.

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F. Spenddown

The state allows individuals to deduct incurred medical and remedial expenses (spend down) to become eligible under this group. Spenddown is defined in the Handling of Excess Income (Spenddown) RU.

Medically Needy Populations Based on Age, Blindness or Disability

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G. 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.

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