

## **Table of Contents**

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

**State Plan Amendment (SPA) #:** **23-0002**

This file contains the following documents in the order listed:

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

# DC - Submission Package - DC2022MS00060 - (DC-23-0002) - Eligibility

Summary Reviewable Units Versions Correspondence Log Analyst Notes **Approval Letter** Transaction Logs News Related Actions

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



## Center for Medicaid & CHIP Services

May 19, 2023

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

Re: Approval of State Plan Amendment DC-23-0002

Dear Wayne Turnage,

On March 28, 2023, the Centers for Medicare & Medicaid Services (CMS) received District of Columbia State Plan Amendment (SPA) DC-23-0002, in which the District of Columbia proposed to adopt the changes to the eligibility rules for the Former Foster Care Children eligibility group, as enacted by the Substance Use-Disorder Prevention that Promotes Opioid Recovery and Treatment for Patients and Communities (SUPPORT) Act, Pub. L. No. 115-217, section 1002.

We approve District of Columbia State Plan Amendment (SPA) DC-23-0002 with an effective date of January 1, 2023.

Reviewable Unit	Effective Date
Mandatory Eligibility Groups	January 01, 2023
Former Foster Care Children	January 01, 2023

If you have any questions regarding this amendment, please contact Dan Belnap at [dan.belnap@cms.hhs.gov](mailto:dan.belnap@cms.hhs.gov)

Sincerely,  
James G. Scott  
Director, Division of Program Operations  
Center for Medicaid & CHIP Services

# DC - Submission Package - DC2022MS00060 - (DC-23-0002) - Eligibility

[Summary](#) [Reviewable Units](#) [Versions](#) [Correspondence Log](#) [Analyst Notes](#) [Approval Letter](#) [Transaction Logs](#) [News](#) [Related Actions](#)

## Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | DC2022MS00060 | DC-23-0002

CMS-10434 OMB 0938-1188

### Package Header

<b>Package ID</b>	DC2022MS00060	<b>SPA ID</b>	DC-23-0002
<b>Submission Type</b>	Official	<b>Initial Submission Date</b>	3/28/2023
<b>Approval Date</b>	5/19/2023	<b>Effective Date</b>	N/A
<b>Superseded SPA ID</b>	N/A		

### State Information

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

**Medicaid Agency Name:** Department of Health Care Finance

### Submission Component

- State Plan Amendment
- Medicaid
- CHIP

## Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | DC2022MS00060 | DC-23-0002

### Package Header

**Package ID** DC2022MS00060  
**Submission Type** Official  
**Approval Date** 5/19/2023  
**Superseded SPA ID** N/A

**SPA ID** DC-23-0002  
**Initial Submission Date** 3/28/2023  
**Effective Date** N/A

### SPA ID and Effective Date

**SPA ID** DC-23-0002

Reviewable Unit	Proposed Effective Date	Superseded SPA ID
Mandatory Eligibility Groups	10/1/2022	DC-22-0014
Former Foster Care Children	1/1/2023	DC-13-0011MM

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

S33: Eligibility Groups - Mandatory Coverage: Former Foster Care Children, Page 1.

## Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | DC2022MS00060 | DC-23-0002

### Package Header

<b>Package ID</b>	DC2022MS00060	<b>SPA ID</b>	DC-23-0002
<b>Submission Type</b>	Official	<b>Initial Submission Date</b>	3/28/2023
<b>Approval Date</b>	5/19/2023	<b>Effective Date</b>	N/A
<b>Superseded SPA ID</b>	N/A		

### Executive Summary

**Summary Description Including Goals and Objectives** Pursuant to section 1002 of the Substance Use Disorder Prevention that Promotes Opioid Recovery and Treatment for Patients and Communities Act of 2018, effective January 1, 2023 (Pub. L. No. 115-271, 42 U.S.C. 1396a(a)(10)(A)(i)(IX) (SUPPORT Act), the District is proposing to provide eligibility to individuals who are under age twenty-six (26) and were enrolled in Medicaid in the District or another state and in foster care under the responsibility of the District or another state at the time they reached the age of eighteen (18) or have aged out of foster care on or after January 1, 2023.

### Federal Budget Impact and Statute/Regulation Citation

#### Federal Budget Impact

	Federal Fiscal Year	Amount
First	2023	\$23218
Second	2024	\$29062

#### Federal Statute / Regulation Citation

42 U.S.C. 1396a(a)(10)(A)(i)(IX)

Supporting documentation of budget impact is uploaded (optional).

Name	Date Created	
No items available		

## Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | DC2022MS0006O | DC-23-0002

### Package Header

<b>Package ID</b>	DC2022MS0006O	<b>SPA ID</b>	DC-23-0002
<b>Submission Type</b>	Official	<b>Initial Submission Date</b>	3/28/2023
<b>Approval Date</b>	5/19/2023	<b>Effective Date</b>	N/A
<b>Superseded SPA ID</b>	N/A		

### Governor's Office Review

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

**Describe** D.C. Law 22-106 provides the authority that no longer requires State Plan Amendment (SPA) submissions to be reviewed by the D.C. Council prior to submission to CMS. DHCF receives comments from the Executive Office of the Mayor on any corresponding rulemakings and incorporates any required changes based on those comments into the SPAs.

PRA Disclosure Statement: Centers for Medicare & Medicaid Services (CMS) collects this mandatory information in accordance with (42 U.S.C. 1396a) and (42 CFR 430.12); which sets forth the authority for the submittal and collection of state plans and plan amendment information in a format defined by CMS for the purpose of improving the state application and federal review processes, improve federal program management of Medicaid programs and Children's Health Insurance Program, and to standardize Medicaid program data which covers basic requirements, and individualized content that reflects the characteristics of the particular state's program. The information will be used to monitor and analyze performance metrics related to the Medicaid and Children's Health Insurance Program in efforts to boost program integrity efforts, improve performance and accountability across the programs. Under the Privacy Act of 1974 any personally identifying information obtained will be kept private to the extent of the law. According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-1188. The time required to complete this information collection is estimated to range from 1 hour to 80 hours per response (see below), including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

*This view was generated on 6/1/2023 7:18 AM EDT*

# DC - Submission Package - DC2022MS00060 - (DC-23-0002) - Eligibility

[Summary](#)
[Reviewable Units](#)
[Versions](#)
[Correspondence Log](#)
[Analyst Notes](#)
[Approval Letter](#)
[Transaction Logs](#)
[News](#)
[Related Actions](#)

## Medicaid State Plan Eligibility

### Mandatory Eligibility Groups

MEDICAID | Medicaid State Plan | Eligibility | DC2022MS00060 | DC-23-0002

CMS-10434 OMB 0938-1188

### Package Header

<b>Package ID</b>	DC2022MS00060	<b>SPA ID</b>	DC-23-0002
<b>Submission Type</b>	Official	<b>Initial Submission Date</b>	3/28/2023
<b>Approval Date</b>	5/19/2023	<b>Effective Date</b>	<u>1/1/2023</u>
<b>Superseded SPA ID</b>	DC-22-0014		
	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 checked="" type="checkbox"/>	<input type="radio"/>	APPROVED
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 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

Eligibility Group Name		Covered In State Plan	Include RU In Package 	Included in Another Submission Package	Source Type 
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
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

MEDICAID | Medicaid State Plan | Eligibility | DC2022MS00060 | DC-23-0002




## Package Header

<b>Package ID</b>	DC2022MS00060	<b>SPA ID</b>	DC-23-0002
<b>Submission Type</b>	Official	<b>Initial Submission Date</b>	3/28/2023
<b>Approval Date</b>	5/19/2023	<b>Effective Date</b>	1/1/2023
<b>Superseded SPA ID</b>	DC-22-0014		
	User-Entered		

### 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 type="checkbox"/>	<input checked="" 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

PRA Disclosure Statement: Centers for Medicare & Medicaid Services (CMS) collects this mandatory information in accordance with (42 U.S.C. 1396a) and (42 CFR 430.12); which sets forth the authority for the submittal and collection of state plans and plan amendment information in a format defined by CMS for the purpose of improving the state application and federal review processes, improve federal program management of Medicaid programs and Children's Health Insurance Program, and to standardize Medicaid program data which covers basic requirements, and individualized content that reflects the characteristics of the particular state's program. The information will be used to monitor and analyze performance metrics related to the Medicaid and Children's Health Insurance Program in efforts to boost program integrity efforts, improve performance and accountability across the programs. Under the Privacy Act of 1974 any personally identifying information obtained will be kept private to the extent of the law. According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-1188. The time required to complete this information collection is estimated to range from 1 hour to 80 hours per response (see below), including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

This view was generated on 6/1/2023 7:19 AM EDT

## DC - Submission Package - DC2022MS00060 - (DC-23-0002) - Eligibility

Summary Reviewable Units Versions Correspondence Log Analyst Notes Approval Letter Transaction Logs News **Related Actions**

## Medicaid State Plan Eligibility

### Eligibility Groups - Mandatory Coverage

#### Former Foster Care Children

MEDICAID | Medicaid State Plan | Eligibility | DC2022MS00060 | DC-23-0002

Individuals under the age of 26, who were in foster care and on Medicaid when they turned age 18 or aged out of foster care.

CMS-10434 OMB 0938-1188

#### Package Header

<b>Package ID</b>	DC2022MS00060	<b>SPA ID</b>	DC-23-0002
<b>Submission Type</b>	Official	<b>Initial Submission Date</b>	3/28/2023
<b>Approval Date</b>	5/19/2023	<b>Effective Date</b>	<u>1/1/2023</u>
<b>Superseded SPA ID</b>	DC-13-0011MM		
	User-Entered		

The state covers the mandatory former foster care children group in accordance with the following provisions:

#### A. Characteristics

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

1. Are under age 26
2. Were in foster care upon attaining age 18 or a higher age at which the state's or Tribe's foster care assistance ends under title IV-E of the Act (up to age 21).
3. Are described under either Section B. or C.

#### B. Individuals Covered

For individuals who turn 18 before January 1, 2023:

##### 1. The state covers individuals who:

- a. Upon attaining age 18 or a higher age at which the state's or Tribe's foster care assistance ends under title IV-E of the Act (up to age 21) were:
  - i. In foster care under the responsibility of the state or a Tribe within the state (including children who were cared for through a grant to the state under the unaccompanied refugee minor program); and
  - ii. Enrolled in Medicaid under the state's Medicaid state plan or 1115 demonstration; and
- b. Are not otherwise eligible for and enrolled for mandatory coverage under the state plan, except that eligibility under this group takes precedence over eligibility under the Adult Group.

**2. In addition to B.1., the state elects to cover individuals who were in foster care under the responsibility of the state or a Tribe within the state (including children who were cared for through a grant to the state under the unaccompanied refugee minor program) when they turned 18 or a higher age at which the state's or Tribe's foster care assistance ends under title IV-E of the Act, and meet the following criteria:**

- a. They were enrolled in Medicaid under the state's Medicaid state plan or 1115 demonstration at any time during the foster care period in which they turned 18 or a higher age at which the state's or Tribe's foster care assistance ends.
- b. They were placed by the state or Tribe in another state and were enrolled in Medicaid under the other state's Medicaid state plan or 1115 demonstration project when they turned 18 or a higher age at which the state's or Tribe's foster care assistance ends.
- c. They were placed by the state or Tribe in another state and were enrolled in Medicaid under the other state's Medicaid state plan or 1115 demonstration project at any time during the foster care period in which they turned 18 or a higher age at which the state's or Tribe's foster care assistance ends.

#### C. Individuals Covered

For individuals who turn 18 on or after January 1, 2023:

##### 1. The state covers individuals who:

- a. Upon attaining age 18 or a higher age at which the state's or Tribe's foster care assistance ends under title IV-E of the Act (up to age 21) were:
  - i. In foster care under the responsibility of any state or a Tribe within any state (including children who were cared for through a grant to the state under the unaccompanied refugee minor program); and
  - ii. Enrolled in Medicaid under a state's Medicaid state plan or 1115 demonstration; and
- b. Are not enrolled in mandatory coverage under the state plan, except that eligibility under this group takes precedence over eligibility under the Adult Group.

**2. In addition to C.1., the state elects to cover individuals who were in foster care under the responsibility of any state or a Tribe within any state (including children who were cared for through a grant to a state under the unaccompanied refugee minor program) when they turned 18 or a higher age at which that state's or Tribe's foster care assistance ends under title IV-E of the Act, and meet the following criteria:**

- a. They were enrolled in Medicaid under a state's Medicaid state plan or 1115 demonstration at any time during the foster care period in which they turned 18 or a higher age at which a state's or Tribe's foster care assistance ends.
- b. They were placed by a state or Tribe in another state and were enrolled in Medicaid under the other state's Medicaid state plan or 1115 demonstration project when they turned 18 or a higher age at which a state's or Tribe's foster care assistance ends.
- c. They were placed by a state or Tribe in another state and were enrolled in Medicaid under the other state's Medicaid state plan or 1115 demonstration project at any time during the foster care period in which they turned 18 or a higher age at which a state's or Tribe's foster care assistance ends.

# Former Foster Care Children

MEDICAID | Medicaid State Plan | Eligibility | DC2022MS00060 | DC-23-0002

## Package Header

<b>Package ID</b>	DC2022MS00060	<b>SPA ID</b>	DC-23-0002
<b>Submission Type</b>	Official	<b>Initial Submission Date</b>	3/28/2023
<b>Approval Date</b>	5/19/2023	<b>Effective Date</b>	1/1/2023
<b>Superseded SPA ID</b>	DC-13-0011MM		
	User-Entered		

## D. Additional Information (optional)

PRA Disclosure Statement: Centers for Medicare & Medicaid Services (CMS) collects this mandatory information in accordance with (42 U.S.C. 1396a) and (42 CFR 430.12); which sets forth the authority for the submittal and collection of state plans and plan amendment information in a format defined by CMS for the purpose of improving the state application and federal review processes, improve federal program management of Medicaid programs and Children's Health Insurance Program, and to standardize Medicaid program data which covers basic requirements, and individualized content that reflects the characteristics of the particular state's program. The information will be used to monitor and analyze performance metrics related to the Medicaid and Children's Health Insurance Program in efforts to boost program integrity efforts, improve performance and accountability across the programs. Under the Privacy Act of 1974 any personally identifying information obtained will be kept private to the extent of the law. According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-1188. The time required to complete this information collection is estimated to range from 1 hour to 80 hours per response (see below), including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

*This view was generated on 6/1/2023 7:20 AM EDT*