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

State Plan Amendment (SPA) #: **24-0006**

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 - DC2024MS00030 - (DC-24-0006) - 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 & CHIP Operations Group
601 E. 12th St., Room 355
Kansas City, MO 64106



Center for Medicaid & CHIP Services

March 15, 2024

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

Re: Approval of State Plan Amendment DC-24-0006

Dear Melisa Byrd:

On January 31, 2024, the Centers for Medicare and Medicaid Services (CMS) received the District of Columbia's State Plan Amendment (SPA) DC-24-0006 to provide a twelve (12) month continuous eligibility period to children under age nineteen, who no longer meet eligibility requirements. This SPA will align the District's eligibility and operational practices with new federal requirements set forth under the Consolidated Appropriations Act of 2023.

We approve DC-24-0006 with an effective date of January 01, 2024.

If you have any questions regarding this amendment, please contact Terri Fraser at Terri.Fraser@cms.hhs.gov or telephone at 410-786-5573.

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

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Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | DC2024MS00030 | DC-24-0006

CMS-10434 OMB 0938-1188

Package Header

Package ID	DC2024MS00030	SPA ID	DC-24-0006
Submission Type	Official	Initial Submission Date	1/31/2024
Approval Date	03/15/2024	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Superseded SPA ID	N/A		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 | DC2024MS00030 | DC-24-0006

Package Header

Package ID DC2024MS00030
Submission Type Official
Approval Date 03/15/2024
Superseded SPA ID N/A

SPA ID DC-24-0006
Initial Submission Date 1/31/2024
Effective Date N/A

SPA ID and Effective Date

SPA ID DC-24-0006

Reviewable Unit	Proposed Effective Date	Superseded SPA ID
Continuous Eligibility for Children	1/1/2024	NEW

Page Number of the Superseded Plan Section or Attachment (If Applicable):

N/A

Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | DC2024MS00030 | DC-24-0006

Package Header

Package ID	DC2024MS00030	SPA ID	DC-24-0006
Submission Type	Official	Initial Submission Date	1/31/2024
Approval Date	03/15/2024	Effective Date	N/A
Superseded SPA ID	N/A		

Executive Summary

Summary Description Including Goals and Objectives This proposed SPA would provide a twelve (12) month continuous eligibility period to children under age nineteen (19) who no longer meet eligibility requirements, consistent with federal requirements set forth under the Consolidated Appropriations Act of 2023, effective December 23, 2022 (Pub. Law No. 117-328, 42 U.S.C. § 1396a(e)(12)) and 42 C.F.R. § 435.926.

Federal Budget Impact and Statute/Regulation Citation

Federal Budget Impact

	Federal Fiscal Year	Amount
First	2024	\$8063850
Second	2025	\$11347989

Federal Statute / Regulation Citation

42 U.S.C. § 1396a(e)(12) and 42 C.F.R. § 435.926

Supporting documentation of budget impact is uploaded (optional).

Name	Date Created	
No items available		

Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | DC2024MS00030 | DC-24-0006

Package Header

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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.

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Medicaid State Plan Eligibility

Eligibility and Enrollment Processes

Continuous Eligibility for Children

MEDICAID | Medicaid State Plan | Eligibility | DC2024MS00030 | DC-24-0006

CMS-10434 OMB 0938-1188

Package Header

Package ID	DC2024MS00030	SPA ID	DC-24-0006
Submission Type	Official	Initial Submission Date	1/31/2024
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Superseded SPA ID	NEW		
	User-Entered		

The state provides continuous eligibility for children in accordance with the following provisions:

A. Mandatory Continuous Eligibility for Hospitalized Children

The state provides Medicaid to a child eligible for and enrolled under the Infants and Children under Age 19 (42 CFR 435.118) eligibility group until the end of an inpatient stay for which inpatient services are covered, if the child:

1. Was receiving inpatient services covered by Medicaid on the date the child becomes ineligible under the eligibility group based on the child's age; and
2. Would remain eligible but for attaining such age.

B. Mandatory Continuous Eligibility for Children

The state provides continuous eligibility to all children under age 19 and that:

1. The continuous eligibility period begins on the effective date of the child's most recent determination or redetermination of eligibility, and ends the last day of the earlier of the following periods:
 - a. The month that the child turns 19 years old;
 - b. 12 months.
2. Continuous eligibility is provided to children eligible under all mandatory and optional eligibility groups (excluding Medically Needy) who would otherwise lose eligibility because of any change in circumstances, unless:
 - a. The child dies;
 - b. The child or the child's representative voluntarily requests a termination of the child's eligibility;
 - c. The child ceases to be a resident of the state;
 - d. The Medicaid agency determines that eligibility was determined incorrectly at the most recent determination or redetermination of eligibility because of agency error or fraud, abuse, or perjury attributed to the child or the child's representative; or
 - e. The child attains the maximum age specified in B.

C. Additional Information (optional)

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

