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State/Territory Name: District of Columbia (DC)

State Plan Amendment (SPA) #: DC 25-0017

This file contains the following documents in the order listed:

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

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
7500 Security Boulevard, Mail Stop S2-26-12
Baltimore, Maryland 21244-1850



Managed Care Group

December 4, 2025

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

Re: District of Columbia (DC) State Plan Amendment (SPA) 25-0017

Dear Director Byrd:

The Centers for Medicare & Medicaid Services (CMS) completed review of District of Columbia (DC)'s 1932(a) State Plan Amendment (SPA) Transmittal Number DC-25-0017, as submitted on September 24, 2025. The purpose of this SPA is to remove individuals under age sixty-five (65) with income over one hundred thirty three percent (133%) of the federal poverty level (FPL) from the Section 1932(a) Managed Care SPA.

We conducted our review of this amendment according to statutory requirements of Title XIX of the Social Security Act and implementing Federal regulations. This letter is to inform you that DC Medicaid SPA Transmittal Number 25-0017 is approved, effective January 1, 2026.

If you have any questions regarding this amendment, please contact Managed Care Analyst, Amy Eaton via email at amy.eaton@cms.hhs.gov.

Sincerely,

A large black rectangular redaction box covering the signature of Bill Brooks.

Bill Brooks
Director
Division of Managed Care Operations

cc: Alessandra (Lisa) Klug, DHCF
Mario Ramsey, DHCF
Eugene Simms, DHCF
Sabrina Tillman-Boyd, CMCS

**TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL
FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES**

1. TRANSMITTAL NUMBER

2 5 — 0 0 1 7

2. STATE

DC3. PROGRAM IDENTIFICATION: TITLE OF THE SOCIAL
SECURITY ACT

XIX



XXI

TO: CENTER DIRECTOR
CENTERS FOR MEDICAID & CHIP SERVICES
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE

January 1, 2026

5. FEDERAL STATUTE/REGULATION CITATION

Section 1932(a) of the Social Security Act (42 U.S.C. § 1396u - 2)

6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)

a. FFY 2026 \$ (69,699,219)b. FFY 2027 \$ (94,976,800)

7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT

Attachment 3.1-F, p. 6

8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION
OR ATTACHMENT (If Applicable)

Attachment 3.1-F, p. 6

9. SUBJECT OF AMENDMENT

Removal of Individuals Under Age Sixty-Five (65) With Incomes Over One Hundred Thirty-Three Percent (133%) of the Federal Poverty Level (FPL) (42 C.F.R. § 435.218) from Section 1932(a) Managed Care SPA

10. GOVERNOR'S REVIEW (Check One)



GOVERNOR'S OFFICE REPORTED NO COMMENT



COMMENTS OF GOVERNOR'S OFFICE ENCLOSED



NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL



OTHER, AS SPECIFIED:

11. SIGNATURE OF STATE AGENCY OFFICIAL

12. TYPED NAME

Melisa Byrd

13. TITLE

Senior Deputy Director/Medicaid Director

14. DATE SUBMITTED

15. RETURN TO

Melisa Byrd

Senior Deputy Director/Medicaid Director

Department of Health Care Finance

441 4th Street, NW, 9th Floor, South

Washington, DC 20001

FOR CMS USE ONLY

16. DATE RECEIVED

September 24, 2025

17. DATE APPROVED


December 4, 2025

PLAN APPROVED - ONE COPY ATTACHED

18. EFFECTIVE DATE OF APPROVED MATERIAL

January 1, 2026

19. SIGNATURE



20. TYPED NAME OF APPROVING OFFICIAL

Bill Brooks

21. TITLE

Director, Division of Managed Care Operations

22. REMARKS

INSTRUCTIONS FOR COMPLETING FORM CMS-179

Use Form CMS-179 to transmit State plan material to the Center for Medicaid & CHIP Services for approval. Submit a separate typed transmittal form with each plan/amendment.

Block 1 - Transmittal Number - Enter the State Plan Amendment transmittal number. Assign consecutive numbers on a **calendar year** basis with the first two digits being the two-digit year (e.g., 21-0001, 21-0002, etc.). Because states have different state fiscal years, a calendar year is required for consistency.

Block 2 - State - Enter the two-letter abbreviation code of the State/District/Territory submitting the plan material.

Block 3 - Program Identification - Enter the applicable Title of the Social Security Act (Title XIX Medicaid or Title XXI CHIP).

Block 4 - Proposed Effective Date - Enter the proposed effective date of material. The effective date of a new plan may not be earlier than the first day of the calendar quarter in which an approvable plan is submitted. With respect to expenditures for assistance under such plan, the effective date may not be earlier than the first day on which the plan is in operation on a statewide basis or earlier than the day following publication of notice of changes.

Block 5 - Federal Statute/Regulation Citation - Enter the appropriate statutory/regulatory citation.

Block 6 - Federal Budget Impact - 6(a) - IN WHOLE DOLLARS, NOT IN THOUSANDS, Enter 1st **Federal Fiscal Year** (FFY) impacted by the SPA & estimated Federal share of the cost of the SPA for 1st FFY. The first FFY should be the FFY inclusive of the earliest effective date of any amended payment language; **6 (b)** - Enter 2nd FFY impacted by the SPA & estimated Federal share of the cost for 2nd FFY. In general, the estimates should include any amount not currently approved in the state's plan for assistance.

Block 7 - Page No.(s) of Plan Section or Attachment - Enter the page number(s) of plan material amended and transmitted. If additional space is needed, use bond paper. **New pages** should be included in Block 7, but not in Block 8.

Block 8 - Page No.(s) of the Superseded Plan Section or Attachment (if Applicable) - Enter the page number(s) (including the transmittal number) that is being superseded. If additional space is needed, use bond paper. **Deleted pages** should be included in Block 8, but not in Block 7.

Block 9 - Subject of Amendment - Briefly describe plan material being transmitted.

Block 10 - Governor's Review - Check the appropriate box. See SMM section 13026 A.

Block 11 - Signature of State Agency Official - Authorized State official signs this block.

Block 12 - Typed Name - Type name of State official who signed block 11.

Block 13 - Title - Type title of State official who signed block 11.

Block 14 - Date Submitted - Enter the date that the state transmits plan material to CMCS. Unless the state officially withdraws this SPA and then resubmits it, this date should not be revised. Documentation of version revisions will be maintained in the CMCS administrative record.

Block 15 - Return To - Type the name and address of State official to whom this form should be returned.

Block 16–22 (FOR CMS USE ONLY).

Block 16 - Date Received - Enter the date plan material is received by CMCS. This is the date that the submission is received by CMCS via the subscribed submission process.

Block 17 - Date Approved - Enter the date CMCS approved the plan material.

Block 18 - Effective Date of Approved Material - Enter the date the plan material becomes effective. If more than one effective date, list each provision and its effective date in Block 22 or attach a sheet.

Block 19 - Signature of Approving Official - Approving official signs this block.

Block 20 - Typed Name of Approving Official - Type approving official's name.

Block 21 - Title of Approving Official - Type approving official's title.

Block 22 - Remarks - Use this block to reference and explain agreed to changes and strike-throughs to the original CMS-179 as submitted, a partial approval, more than one effective date, etc. If additional space is needed, use bond paper.

1. Aged/Blind/Disabled Individuals

Eligibility Group	Citation (Regulation [42 CFR] or SSA)	M	V	E	Geographic Area (include specifics if M/V/E varies by area)	Notes
						and not enrolled in CASSIP will be mandatorily enrolled in a managed care other than CASSIP, unless the note in E.1.A.1 applies.
9. Aged and Disabled Individuals in 209(b) States	§435.121					N/A
10. Individuals Who Would be Eligible for SSI/SSP but for OASDI COLA Increase since April, 1977	§435.135	✓			Statewide	*See note in E.1.A.1.
11. Disabled Widows and Widowers Ineligible for SSI due to an increase of OASDI	§435.137	✓			Statewide	*See notes in E.1.A.1 and E.1.A.2.8.
12. Disabled Widows and Widowers Ineligible for SSI due to Early Receipt of Social Security	§435.138	✓			Statewide	*See note in E.1.A.1.
13. Working Disabled under 1619(b)	1619(b), 1902(a)(10)(A)(i) II, and 1905(q) of SSA	✓			Statewide	*See notes in E.1.A.1 and E.1.A.2.8.
14. Disabled Adult Children	1634(c) of SSA	✓			Statewide	*See note in E.1.A.1 and E.1.A.2.8.

B. Optional Eligibility Groups
1. Family/Adult

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