

STATE PLAN AMENDMENT UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: District of Columbia

ELIGIBILITY UNDER SECTION 1931 OF THE ACT

The State covers low income families and children under section 1931 of the Act.

The following groups were excluded in the AFDC State plan effective July 16, 1996:

X Pregnant women with no other eligible children.

X AFDC children age 18 who are full-time students in a secondary school or in the equivalent level of vocational or technical training.

 In determining eligibility for Medicaid, the agency uses the AFDC standards and methodologies in effect as of July 16, 1996, without modification.

X In determining eligibility for Medicaid, the agency uses the AFDC standards and methodologies in effect as of July 16, 1996, with the following modifications:

 The agency applies lower income standards which are no lower than the AFDC standards in effect on May 1, 1998, as follows:

 The agency applies higher income standards than those in effect as of July 16, 1996, increased by no more than the percentage increases in the CPI-U since July 16, 1996, as follows:

 The agency applies higher resource standards than those in effect as of July 16, 1996, increased by no more than the percentage increases in the CPI-U since July 16, 1996, as follows:

X The agency uses less restrictive income and/or resource methodologies than those in effect as of July 16, 1996, as follows:

1. In determining eligibility, the State will exclude all assets.

2. In determining eligibility, the state will either:

(a) apply income disregards in effect on July 16, 1996 plus the less restrictive income disregards listed in Item VI of Supplement 8a to Attachment 2.6-A (i.e., those for the medically needy and other eligibility groups), or

ELIGIBILITY UNDER SECTION 1931 OF THE ACT (continued)

(b) disregard from gross income dollar for dollar dependent care expenses and the amount of the difference between the AFDC payment standards in effect on July 16, 1996 plus the less restrictive income disregards listed in Item VI of Supplement 8a to Attachment 2.6-A (i.e., those for the medically needy and other eligibility groups), and 200 percent of the federal poverty level (adjusted annually and published in the Federal Register) for the applicable family size, whichever is most advantageous to the family. In no case will income excluded under other Federal statutes be counted when determining income.

3. In determining eligibility, the State will apply a \$100 earned income disregard to gross income.

The income and/or resource methodologies that the less restrictive methodologies replace are as follows:

- 1. The State previously applied a resource test for determining eligibility for families and children under its mandatory categorically needy eligibility group.
- 2. The State previously covered mandatory categorically needy families and children with family income corresponding to the AFDC payment scale.

— The agency terminates medical assistance (except for pregnant women and children) for individuals who fail to meet TANF work requirements.

— The agency continues to apply the following waivers of provisions of Part A of title IV in effect as of July 16, 1996, or submitted to August 22, 1996 and approved by the Secretary on or before July 1, 1997.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
State: District of Columbia

ELIGIBILITY UNDER SECTION 1925 OF THE ACT
TRANSITIONAL MEDICAL ASSISTANCE

The State covers low-income families and children for Transitional Medical Assistance (TMA) under section 1925 of the Social Security Act (the Act). This coverage is provided for families who no longer qualify under section 1931 of the Act due to increased earned income, or working hours, from the caretaker relative's employment, or due to the loss of a time-limited earned income disregard. **(1902(a)(52), 1902(e)(1)(B), and 1925 of the Act)**

The amount, duration, and scope of services for this coverage are specified in Section 3.1 of this State plan.

For Medicaid eligibility to be extended through TMA, families must have been Medicaid eligible under section 1931 (months of retroactive eligibility may be used to meet this requirement):

During at least 3 of the 6 months immediately preceding the month in which the family became ineligible under section 1931.

For fewer than 3 of the 6 previous months immediately preceding the month in which the family became ineligible under section 1931. Specify:

The State extends Medicaid eligibility under TMA for an initial period of:

6 months. For TMA eligibility to continue into a second 6-month extension period, the family must meet the reporting, technical, and income eligibility requirements specified at section 1925(b) of the Act.

12 months. Section 1925(b) does not apply for a second 6-month extension period.

The State collects and reports participation information to the Department of Health and Human Services as required by section 1925(g) of the Act, in accordance with the format, timing, and frequency specified by the Secretary and makes such information publicly available.

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