# GOVERNMENT OF THE DISTRICT OF COLUMBIA Department of Health Care Finance



 

 Office of the Senior Deputy Director and Medicaid Director
 Transmittal #24-04

 TO:
 Adult Foster Care Home Operators

 FROM:
 Melisa Byrd M.B. Senior Deputy Director and Medicaid Director

 DATE:
 SUBJECT:
 2022 Retroactive Payment of State Supplement and January 2024 Payment

#### Purpose

The purpose of this transmittal is to inform Adult Foster Care Home Operators, which include Community Residential Facilities and Assisted Living Facilities, of the calendar year 2022 retroactive payments of State Supplement, and the changes to the Optional State Supplement Payment (OSSP) for calendar years 2023 and 2024. This is pursuant to 20 CFR § 416.2096(c)(2) regarding the District Shortfall for OSSP. Consumers will receive an additional \$136.21 (for an individual) and \$272.43 (for a couple) in monthly retroactive payments for calendar year 2022. When combined with the original calendar year 2023 payments, the State Supplement Retroactive Payment will be a lump sum of \$1,634.52 for an individual and \$3,269.16 for a couple to be received in 2024. The consumers must receive the retroactive payment and not the Adult Foster Care Home providers. The consumers' Personal Need Allowance (PNA) remains at \$100 for January-September 2023, increasing to \$130 for October-December 2023, and the remaining amount of the Optional State Supplement Payment should be paid forward to the provider.

New District regulations also increase the PNA on an annual basis along with the Cost of Living Adjustment. Beginning January 1, 2024, the PNA has increased to \$134.16 for individuals and \$268.32 for couples.

#### **DISTRICT OF COLUMBIA**

### <u>Community Residential Facility State Supplementary Payment Levels Effective January 1, 2023</u> <u>September 30, 2023</u>

#### **INDIVIDUAL**:

Small Facilities (50 beds or less)	Unit Amount	Gross
Provider	\$1,454.00	
Consumer (per month)	\$100.00	\$1,554.00
Large Facilities (more than 50 beds)	Unit Amount	Gross
Provider	\$1,564.00	

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Consumer (per month)	\$100.00	\$1,664.00
<u>COUPLES</u> :		
Small Facilities (50 beds or less)	Unit Amount	Gross
Provider	\$2,807.00	
Consumer (per month)	\$200.00	\$3,007.00
Large Facilities (more than 50 beds)	<b>Unit Amount</b>	Gross
Provider	\$3,027.00	
Consumer (per month)	\$200.00	\$3,227.00
<u>Community Residential Facility State Supplemen</u> <u>December 31, 2023</u>	tary Payment Levels Effe	ctive October 1, 2023-
INDIVIDUAL:		
Small Facilities (50 beds or less)	<b>Unit Amount</b>	Gross
Provider	\$1,454.00	
Consumer (per month)	\$130.00	\$1,584.00
Large Facilities (more than 50 beds)	<b>Unit Amount</b>	Gross
Provider	\$1,564.00	
Consumer (per month)	\$130.00	\$1,694.00
<u>COUPLES</u> :		
Small Facilities (50 beds or less)	Unit Amount	Gross
Provider	\$2,807.00	
Consumer (per month)	\$260.00	\$3,067.00
Large Facilities (more than 50 beds)	<b>Unit Amount</b>	Gross
Provider	\$3,027.00	
Consumer (per month)	\$260.00	\$3,287.00
Optional State Supplement Payment Effective 01/01/2023 - 12/31/2023		
Individual in Certified Adult Foster Care Home 50 or fewer residents (OSS Code "A")	\$806.21	
Individual in Certified Adult Foster Care Home 51 or more residents (OSS Code "B")	\$916.21	
Couple in Certified Adult Foster Care Home 50 or fewer residents (OSS Code "A")	\$1,968.43	
Couple in Certified Adult Foster Care Home	\$2,188.43	

#### 51 or more residents (OSS Code "B")

DHCF and the federal Social Security Administration (SSA) are responsible for oversight of the Optional State Supplemental Program and for ensuring that all supplemental payments are expended in compliance with federal and state program requirements.

# This transmittal is effective for 2023 OSSP payments for the shortfall in 2022 made on or after January 1, 2023.

In addition, the agency is providing the below chart that reflects the new SSI Federal payment rates that are effective January 2024. The chart also includes the state supplement amounts paid to residents of Adult Foster Care Homes, effective January 2024, and to the residents of Medicaid facilities.

#### Community Residential Facility State Supplementary Payment Levels Effective January 1, 2024.

#### **INDIVIDUAL:**

Supp. Code	Federal Benefit Amt	+	State Supp. Amt	= <b>Co</b>	mbined Payment Level
O/S A	\$943.00	+	\$674.16	=	\$1,617.16
O/S B	\$943.00	+	\$784.16	=	\$1,727.16
O/S G	\$30.00	+	\$73.20	=	\$103.20
COUDIE					
<u>COUPLE:</u>					
O/S A	\$1,415.00	+	\$1,704.32	=	\$3,119.32
O/S B	\$1,415.00	+	\$1,924.32	=	\$3,339.32
O/S G	\$60.00	+	\$146.40	=	\$206.40

#### **STATE LIVING ARRANGEMENT CODES**

- A. Adult Foster Care -50 or fewer beds
- B. Adult Foster Care over 50 beds
- G. Medicaid Facility

#### Community Residential Facility State Supplementary Payment Levels Effective January 1, 2024

#### **INDIVIDUAL:**

Small Facilities (50 beds or less)	Unit Amount	Gross
Provider	\$1,483.00	
Consumer (per month)	\$134.16	\$1,617.16
Large Facilities (more than 50 beds)	<b>Unit Amount</b>	Gross
Provider	\$1,593.00	
Consumer (per month)	\$134.16	\$1,727.16
<u>COUPLES</u> :		

Small Facilities (50 beds or less)	Unit Amount	Gross
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Provider	\$2,851.00	
Consumer (per month)	\$268.32	\$3,119.32
Large Facilities (more than 50 beds)	Unit Amount	Gross
Provider	\$3,071.00	
Consumer (per month)	\$268.32	\$3,339.32

## Contact

If you have any questions, please contact Caitlin Brandt, Management Analyst, via email at <u>caitlin.brandt@dc.gov</u> or by phone at (202) 478-9175.

Cc: DC Behavioral Health Association DC Coalition of Disability Service Providers DC Dental Society DC Health Care Association DC Home Health Association DC Hospital Association DC Primary Care Association Medical Society of the District of Columbia