

Table of Contents

State/Territory Name: District of Columbia

State Plan Amendment (SPA) #: 21-0009

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
601 E. 12th St., Room 355
Kansas City, Missouri 64106



Medicaid and CHIP Operations Group

September 24, 2021

Melisa Byrd
Medicaid Director
Department of Health Care Finance
441 4th Street, N.W., 9th Floor, South
Washington, D.C. 20001

Re: District of Columbia State Plan Amendment (SPA) 21-0009

Dear Director Byrd:

The Centers for Medicare & Medicaid Services (CMS) reviewed your Medicaid State Plan Amendment (SPA) submitted under transmittal number (TN) DC-21-0009. This amendment proposes to permit the District to enroll additional licensed providers (psychologists, licensed independent clinical social workers, licensed professional counselors and licensed marriage and family therapists) to service the District's Behavioral Health population. Additionally, under the State Plan Amendment authority for behavioral health services, the Autism Spectrum Disorder (ASD) treatment exclusion will be removed.

We conducted our review of your submittal according to statutory requirements in Title XIX of the Social Security Act and implementing regulations 42 CFR § 435.733. This letter is to inform you that DC Medicaid SPA 21-0009 was approved on September 24, 2021, with an effective date of January 1, 2022.

If you have any questions, please contact LCDR Frankeena McGuire at (215) 861-4754 or Frankeena.McGuire@cms.hhs.gov.

Sincerely,

A solid black rectangular box redacting the signature of James G. Scott.

James G. Scott, Director
Division of Program Operations

cc: Mario Ramsey, DHCF

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL	1. TRANSMITTAL NUMBER: 21-0009	2. STATE: District of Columbia
	3. PROGRAM IDENTIFICATION: Title XIX of the Social Security Act	

TO: Regional Administrator Centers for Medicare & Medicaid Services Department of Health and Human Services	4. PROPOSED EFFECTIVE DATE: January 1, 2022
---	---

5. TYPE OF PLAN MATERIAL (Check One):

NEW STATE PLAN AMENDMENT TO BE CONSIDERED AS NEW PLAN AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)


6. FEDERAL STATUTE/REGULATION CITATION: 42 CFR 440.60	7. FEDERAL BUDGET IMPACT: FFY22: \$1,669,313.07 FFY23: \$2,321,458.04
---	---

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Supplement 1 to Attachment 3.1-A: pages 8.1 - 9; Supplement 1 to Attachment 3.1-B: pages 3-3a; and Attachment 4.19-B: Part 1, Page 13a	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable): Supplement 1 to Attachment 3.1-A: pages 8.1 - 9; Supplement 1 to Attachment 3.1-B: pages 3-3a; and Attachment 4.19-B: Part 1, Page 13a
--	--

10. SUBJECT OF AMENDMENT:
Behavioral Health Services/Other Licensed Providers

11. GOVERNOR'S REVIEW (Check One)

GOVERNOR'S OFFICE REPORTED NO COMMENT OTHER, AS SPECIFIED:
 COMMENTS OF GOVERNOR'S OFFICE ENCLOSED **D.C. Act. 22-444**
 NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

12. SIGNATURE OF STATE AGENCY OFFICIAL 	16. RETURN TO Melisa Byrd Senior Deputy Director/Medicaid Director Department of Health Care Finance 441 4 th Street, NW, 9 th Floor, South Washington, DC 20001
13. TYPED NAME Melisa Byrd	
14. TITLE Senior Deputy Director/Medicaid Director	
15. DATE SUBMITTED 6/30/21	

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED 6/30/2021	18. DATE APPROVED 09/24/21
---------------------------------------	--------------------------------------

PLAN APPROVED – ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL
01/01/2022

21. TYPED NAME James G. Scott	22. TITLE Director, Division of Program Operations
---	--

23. REMARKS

PEN & INK Authorization:
Block #8, 9 – Supplement 1 to Attachment 3.1-B, pages 7.1, 8

C. Chiropractors' Services

Chiropractors' services are not covered by the District of Columbia Medicaid Program.

D. Other Practitioners' Services

1. Emergency Medical Providers

- a. Paramedics are licensed providers in the District of Columbia. Licensed paramedics are covered within their scope of practice defined by state law.
- b. Emergency medical responders are licensed providers in the District of Columbia. Licensed emergency medical responders are covered within their scope of practice defined by state law.
- c. Emergency medical technicians (EMTs), as well as advanced EMTs and EMT-Intermediate, are licensed providers in the District of Columbia. Licensed EMTs, advanced EMTs, and EMT-Intermediate are covered within their scope of practice defined by state law.

2. Pharmacist

- a. Licensed pharmacists are covered within their scope of practice in accordance with state law.

3. Independently Licensed Behavioral Health Practitioners

- a. Licensed Psychologists are covered within their scope of practice in accordance with state law;
- b. Licensed Independent Clinical Social Workers are covered within their scope of practice in accordance with state law;
- c. Licensed Professional Counselors are covered within their scope of practice in accordance with state law; and
- d. Licensed Marriage and Family Therapists are covered within their scope of practice in accordance with state law.

7. Home Health Services

General Provisions

In accordance with 42 CFR § 440.70, Home Health Services are physician-ordered services provided to a beneficiary in any setting in which normal life activities take place, other than a hospital, nursing facility, intermediate care facility for individuals with

intellectual disabilities, or any setting in which payment is or could be made under Medicaid for inpatient services that include room and board, as part of a written plan of care that the physician reviews every sixty (60) days.

An order for Home Health Services must be signed and dated by the beneficiary's physician and shall state the amount, frequency, scope, and duration of each Home Health service ordered. The physician's signature on the order constitutes a certification by the physician that the services ordered reflect the health status and needs of the beneficiary.

The Home Care Agency is responsible for developing and updated the plan of care and ensuring that services provided are in accordance with the physician's order and health status and needs of the beneficiary.

C. Chiropractors' Services

Chiropractors' services are not covered by the District of Columbia Medicaid Program.

D. Other Practitioners' Services

1. Emergency Medical Providers

- a. Paramedics are licensed providers in the District of Columbia. Licensed paramedics are covered within their scope of practice defined by state law.
- b. Emergency medical responders are licensed providers in the District of Columbia. Licensed emergency medical responders are covered within their scope of practice defined by state law.
- c. Emergency medical technicians (EMTs), as well as advanced EMTs and EMT-Intermediate, are licensed providers in the District of Columbia. Licensed EMTs, advanced EMTs, and EMT-Intermediate are covered within their scope of practice defined by state law.

2. Pharmacist's Services

- a. Licensed pharmacists are covered within their scope of practice in accordance with state law.

3. Independently Licensed Behavioral Health Practitioners

- a. Psychologists are covered within their scope of practice in accordance with state law;
- b. Licensed Independent Clinical Social Workers are covered within their scope of practice in accordance with state law;
- c. Licensed Professional Counselors are covered within their scope of practice in accordance with state law; and
- d. Licensed Marriage and Family Therapists are covered within their scope of practice in accordance with state law.

7. Home Health Services

General Provisions

In accordance with 42 CFR § 440.70, Home Health Services are physician-ordered services provided to a beneficiary in any setting in which normal life activities take place,

other than a hospital, nursing facility, intermediate care facility for individuals with intellectual disabilities, or any setting in which payment is or could be made under Medicaid for inpatient services that include room and board, as part of a written plan of care that the physician reviews every sixty (60) days.

An order for Home Health Services must be signed and dated by the beneficiary's physician and shall state the amount, frequency, scope, and duration of each Home Health service ordered. The physician's signature on the order constitutes a certification by the physician that the services ordered reflect the health status and needs of the beneficiary.

The Home Care Agency is responsible for developing and updated the plan of care and ensuring that services provided are in accordance with the physician's order and health status and needs of the beneficiary.

Except as otherwise noted in the plan, state-developed fee schedule rates are the same for both governmental and private providers of Medicaid services set forth below. DHCF's fee schedule rate was set as of December 1, 2020 and is effective for services provided on or after that date. All rates are published on DHCF's website at <https://www.dcmedicaid.com/dcwebportal/home>.

- I. The DHCF fee schedule for dentist and orthodontist services, referenced at subparagraph iii.b. of paragraph 21. Fee-for-Service Providers, was set as of June 1, 2018 and is effective for services provided on or after that date.
- II. The DHCF fee schedule for transportation services, referenced at subparagraph iii.l. of paragraph 21. Fee-for-Service Providers, was set as of October 1, 2018 and is effective for services provided on or after that date.
- III. The DHCF fee schedule for home health services, referenced at subparagraph iii.h. of paragraph 21. Fee-for-Service Providers, was set as of October 1, 2019 and is effective for services provided on or after that date.
- IV. The DHCF fee schedule for medical supplies and equipment services, referenced at subparagraph iii.i. of paragraph 21. Fee-for-Service Providers, was set as of October 1, 2020 and is effective for services provided on or after that date.
- V. The DHCF fee schedule for physician services, referenced at subparagraph iii.a. of paragraph 21. Fee-for-Service Providers, was set as of December 1, 2020 and is effective for services provided on or after that date.
- VI. The DHCF fee schedule for Independently Licensed Behavioral Health Practitioners, referenced at 3.1-A Independently Licensed Behavioral Health Practitioners, was set as of January 1, 2022 and is effective for services provided on or after that date.