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State/Territory Name: Washington, D.C.

State Plan Amendment (SPA) #: '34/2:

This file contains the following documents in the order listed:

- 1) Approval Letter
- 4) CMS 179 Form/Summary Form (with 179-like data)
- 5) Approved SPA Pages

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
150 S. Independence Mall West
Suite 216, The Public Ledger Building
Philadelphia, Pennsylvania 19106-3499



Region III/Division of Medicaid and Children's Health Operations

SWIFT # 090920134014

SEP 16 2013

Dr. Linda Elam, Ph.D., MPH
Deputy Director/Medicaid and CHIP
Department of Health Care Finance
899 North Capitol Street, N.E. - Suite 6037
Washington, D.C. 20002

Dear Dr. Elam:

I am writing to inform you that we have reviewed the District of Columbia's (DC) June 18, 2013 response to the Centers for Medicare and Medicaid Services' (CMS) October 31, 2012 Request for Additional Information (RAI) regarding DC's State Plan Amendment (SPA) 12-08 entitled Medicaid Free Standing Birth Centers. As you know, this SPA was originally submitted by the District for CMS' review on August 3, 2012. This amendment augments language to the State Plan which is consistent with Section 2301 of the Affordable Care Act.

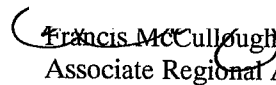
We are pleased to inform you that after extensive review this amendment is approved; its effective date is April 13, 2013.

A copy of the approved SPA pages and signed CMS-179 form is included under this cover.

If you have any further questions regarding this SPA, please contact Sabrina Tillman-Boyd at 215-861-4721 or by email at Sabrina.Tillman-Boyd@cms.hhs.gov.

Sincerely,

/s/


Francis McCullough
Associate Regional Administrator

Enclosures

cc: Claudia Schlosberg, DHCF
M. Diane Fields, DHCF

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL		1. TRANSMITTAL NUMBER: 12-08	2. STATE District of Columbia
FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES		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 April 13, 2013	
5. TYPE OF PLAN MATERIAL (<i>Check One</i>): <input type="checkbox"/> NEW STATE PLAN <input type="checkbox"/> AMENDMENT TO BE CONSIDERED AS NEW PLAN <input checked="" type="checkbox"/> AMENDMENT			
COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (<i>Separate Transmittal for each amendment</i>)			
6. FEDERAL STATUTE/REGULATION CITATION Section 2301 of the Patient Protection and Affordable Care Act		7. FEDERAL BUDGET IMPACT a. FFY 13 \$19,600 b. FFY 14 \$39,200	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT Attachment 3.1-A p. 10 (NEW) Attachment 4.19-B p. 27 (NEW) Supplement 1 to Attachment 3.1-A pp. 32-34 (NEW) Supplement 1 to Attachment 3.1-B pp. 31-33 (NEW)		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (<i>If Applicable</i>)	
10. SUBJECT OF AMENDMENT: Medicaid Free Standing Birth Centers			
11. GOVERNOR'S REVIEW (<i>Check One</i>) <input type="checkbox"/> GOVERNOR'S OFFICE REPORTED NO COMMENT <input checked="" type="checkbox"/> OTHER, AS SPECIFIED: <input type="checkbox"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED Resolution Number: 19-820 <input type="checkbox"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL			
12. SIGNATURE OF STATE AGENCY OFFICIAL <i>/s/</i>		16. RETURN TO	
13. TYPED NAME Linda Elam, Ph.D.		Linda Elam, Ph.D. Senior Deputy Director/Medicaid Director Department of Health Care Finance 899 N. Capitol St., NE Washington, DC 20002	
14. TITLE Deputy Director/Medicaid Director			
15. DATE SUBMITTED September 6, 2013			
FOR REGIONAL OFFICE USE ONLY			
17. DATE RECEIVED <i>August 31, 2012</i>			
PLAN APPROVED - ONE COPY ATTACHED		18. DATE APPROVED SEP 16 2013	
19. EFFECTIVE DATE OF APPROVED MATERIAL <i>APRIL 13th, 2013</i>			
21. TYPED NAME <i>Francis McCullough</i>		20. SIGNATURE OF REGIONAL OFFICIAL <i>[Signature]</i> <i>/s/</i>	
23. REMARKS		22. TITLE <i>[Signature]</i>	

FORM CMS-179 (07-92)

Instructions on Back

State/Territory: District of Columbia

25. (i) Licensed or Otherwise State-Approved Freestanding Birth Centers

X Provided: No limitations X With limitations* None licensed or approved

Please describe any limitations:

*Limitations described on the attached Supplement pages.

(ii) Licensed or Otherwise State-Recognized covered professionals providing services in the Freestanding Birth Center

X Provided: No limitations X With limitations *

Not Applicable (there are no licensed or State approved Freestanding Birth Centers)

*Limitations described on the attached Supplement pages.

25(i). Licensed or Otherwise State-Approved Freestanding Birth Centers

Provided: No limitations Provided With limitations None licensed or approved

Please describe any limitations: See below

(A) Facilities must:

- (1) Be licensed by the Department of Health (DOH) under Chapter 26 of Title 22 of the District of Columbia Municipal Regulations (DCMR);
- (2) Be specifically approved by DOH to provider birth center/maternity center services; and
- (3) Maintain standards of care required by DOH for licensure.

(B) Birth Centers shall cover services relating to three main components of care:

- (1) Routine ante-partum care in any trimester shall include the following:
 - (a) Initial and subsequent history;
 - (b) Physical Examination;
 - (c) Recording of weight and blood pressure;
 - (d) Recording of fetal heart tones;
 - (e) Routine chemical urinalysis;
 - (f) Maternity counseling, such as risk factor assessment and referrals;
 - (g) Limitations on services for billing related to a normal, uncomplicated pregnancy (approximately fourteen (14) ante-partum visits include:
 - (i) Monthly visits up to 28 weeks gestation;
 - (ii) Thereafter, biweekly visits up to 36 weeks gestation;
 - (iii) Thereafter, weekly visits until delivery; and
 - (iv) Additional visits for increased monitoring during the ante-partum period beyond the fourteen (14) routine visits must be medically necessary to qualify for payments.

(2) Delivery services shall include:

- (a) Admission history and physical examination;
- (b) Management of uncomplicated labor;
- (c) Vaginal delivery.

(3) Postpartum care

- (a) Mother's Postpartum check within six (6) weeks of birth;
- (b) Newborn screening test. Screening panel includes but is not limited to the following:
 - (i) PKU;
 - (ii) CAH;
 - (iii) Congenital hypothyroidism;
 - (iv) Hemoglobinopathies;
 - (v) Biotinidase deficiency;
 - (vi) MSUD;
 - (vii) MCAD deficiency;
 - (viii) Homocystinuria; and
 - (ix) Galactosemia.
- (c) Limitations of services for a Well Baby Check (newborn assessment) include:
 - (i) One postpartum check per beneficiary;
 - (ii) Two tests per new born for screening on two separate dates of service; and
 - (iii) Two Well Baby Checks/assessments per newborn.

(ii) Licensed or Otherwise State-Recognized covered professionals providing services in the Freestanding Birth Center

Provided: No limitations Provided with limitations (please describe below)
Not Applicable (there are no licensed or State approved Freestanding Birth Centers)

Please describe any limitations: Professionals will be reimbursed for those services included under Birth Center Services under 25 (i).

Please check all that apply:

X (a) Practitioners furnishing mandatory services described in another benefit category and otherwise covered under the State plan (i.e., physicians and certified nurse midwives).

The following practitioners may provide birth center services and must be licensed in the District of Columbia as a:

- (a) Physician under Chapter 46 of Title 17 of the DCMR
- (b) Pediatric nurse practitioner under Chapter 56 of Title 17 of the DCMR
- (c) Family nurse practitioner under Chapter 56 of Title 17 of the DCMR
- (d) Nurse midwife under Chapter 56 of Title 17 of the DCMR

X (b) Other licensed practitioners furnishing prenatal, labor and delivery, or postpartum care in a freestanding birth center within the scope of practice under State law whose services are otherwise covered under 42 CFR 440.60 (e.g., lay midwives, certified professional midwives (CPMs), and any other type of licensed midwife). *

(i) Licensed certified professional midwives

(c) Other health care professionals licensed or otherwise recognized by the State to provide these birth attendant services (e.g., doulas, lactation consultant, etc.).*

N/A

*For (b) and (c) above, please list and identify below each type of professional who will be providing birth center services: (see b (i) above).

25(i). Licensed or Otherwise State-Approved Freestanding Birth Centers

Provided: No limitations X Provided With limitations None licensed or approved

Please describe any limitations: See below

(A) Facilities must:

- (1) Be licensed by the Department of Health (DOH) under Chapter 26 of Title 22 of the District of Columbia Municipal Regulations (DCMR);
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 - (f) Maternity counseling, such as risk factor assessment and referrals;
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 - (iii) Two Well Baby Checks/assessments per newborn.

(ii) Licensed or Otherwise State-Recognized covered professionals providing services in the Freestanding Birth Center

Provided: No limitations Provided with limitations (please describe below)
 Not Applicable (there are no licensed or State approved Freestanding Birth Centers)

Please describe any limitations: Professionals will be reimbursed for those services included under Birth Center Services under 25 (i).

Please check all that apply:

(a) Practitioners furnishing mandatory services described in another benefit category and otherwise covered under the State plan (i.e., physicians and certified nurse midwives).

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- (c) Family nurse practitioner under Chapter 56 of Title 17 of the DCMR
- (d) Nurse midwife under Chapter 56 of Title 17 of the DCMR

(b) Other licensed practitioners furnishing prenatal, labor and delivery, or postpartum care in a freestanding birth center within the scope of practice under State law whose services are otherwise covered under 42 CFR 440.60 (e.g., lay midwives, certified professional midwives (CPMs), and any other type of licensed midwife). *

(i) Licensed certified professional midwives

(c) Other health care professionals licensed or otherwise recognized by the State to provide these birth attendant services (e.g., doulas, lactation consultant, etc.).*

N/A

*For (b) and (c) above, please list and identify below each type of professional who will be providing birth center services: (see b (i) above).

29. Other Non-Institutional Services

A. Licensed or Otherwise State-Approved Freestanding Birth Centers

1. Freestanding birth centers are reimbursed utilizing a contracted facility fee. Practitioners are reimbursed utilizing a separate professional services fee. The authority to reimburse practitioners independently can be found in Attachment 4.19B, Part 1, Section 21. Practitioners providing free standing birth center services must be licensed in the District of Columbia pursuant to the following:
 - (a) Physician under Chapter 46 of Title 17 of the DCMR;
 - (b) Pediatric nurse practitioner under Chapter 56 of Title 17 of the DCMR;
 - (c) Family nurse practitioner under Chapter 56 of Title 17 of the DCMR;
 - (d) Nurse midwife under Chapter 56 of Title 17 of the DCMR; and
 - (e) Lay midwife and Certified Professional Midwife under 42 CFR 440.60

Except as otherwise noted in the Plan, State developed fee schedule rates are the same for both governmental and private individual practitioners.

2. The birth centers shall be paid according to the District's fee schedule and any annual/periodic adjustments to the fee schedule are published on the agency's website at <https://www.dcmedicaid.com/dcwebportal/home>.
3. The agency's fee schedule rate was set as of January 1, 2012 and is effective for services provided on or after that date. All rates are published on the agency's website at <https://www.dcmedicaid.com/dcwebportal/home>.