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State/Territory Name: Washington, D.C.

State Plan Amendment (SPA) #: 35/25

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) 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 #051320134088

JUN 07 2013

Dr. Linda Elam, PhD., MPH
Deputy Director/Medicaid and CHIP
Department of Health Care Finance
899 North Capital Street, N.E. - Suite 6037

Dear Dr. Elam:

We have reviewed your March 14th, 2013 correspondence to the CMS companion letter for the approved State Plan Amendment (SPA) 12-03 dated September 7th, 2012 regarding Medicaid Pediatric Palliative Care. Additionally, we have also reviewed the District of Columbia's current SPA 13-03 that accompanied the response on this subject. SPA 13-03 proposes to add appropriate reimbursement for hospice services and to delete outdated Targeted Case Management (TCM) language for persons with mental illness. I am pleased to inform you that we approve SPA 13-03 effective January 1, 2013.

During our initial review of SPA 12-03 dated September 7th 2012, CMS performed an analysis of the reimbursement related to this SPA and conducted a same-page review of TCM and found that the state was not in compliance with CMS requirements. With the recent submission of both your written response and SPA 13-03, the issues identified in our companion letter have been resolved.

If you have any further questions regarding this issue, please contact Sabrina Tillman-Boyd at (215) 861-4721. She can also be reached at Sabrina.Tillman-Boyd@cms.hhs.gov.

Sincerely,

/s/


Francis McCullough
Associate Regional Administrator

Enclosures

C. Schlosberg, DHCF
D. Fields, DHCF

**TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL**

1. TRANSMITTAL NUMBER:
13-03

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
January 1, 2013

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
1905(o)(1) of the Act

7. FEDERAL BUDGET IMPACT

Pediatric Palliative Care
FFY 13 \$ 171,694
FFY 14 \$ 183,369
Case Management
FFY 13 \$ 0
FFY 14 \$ 0

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT
Attachment 3.1-A p 8
Attachment 4.19B pp 8-8a
Supplement 1 to Attachment 3.1-A pp 1-6 (Intentionally Left Blank)
Supplement 1 to Attachment 3.1B pp 1-6 (Intentionally Left Blank)

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (*If Applicable*)
Attachment 3.1-A p 8
Attachment 4.19B p8
Supplement 1 to Attachment 3.1-A pp 1-6
Supplement 1 to Attachment 3.1B pp 1-6

10. SUBJECT OF AMENDMENT:

Medicaid Pediatric Palliative Care
Medicaid Case Management

11. 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:
PR 19-693

12. SIGNATURE OF STATE AGENCY OFFICIAL
/s/

13. TYPED NAME
Linda Elam, Ph.D.

14. TITLE
Senior Deputy Director/Medicaid Director

15. DATE SUBMITTED
April 15, 2013

16. RETURN TO

Linda Elam
Senior Deputy Director/Medicaid Director
Department of Health Care Finance
899 N. Capitol St., NE
Washington, DC 20002

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED

3-14-13

18. DATE APPROVED

JUN 07 2013

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL

1-1-13

20. SIGNATURE OF REGIONAL OFFICIAL
/s/

21. TYPED NAME

Francis McDullough

22. TITLE

Associate Regional Administrator

23. REMARKS

STATE PLAN UNDER TITLE XI OF THE SOCIAL SECURITY ACT

State/.Territory: District of Columbia

AMOUNT, DURATION, AND SCOPE OF MEDICAL
AND REMEDIAL CARE AND SERVICES PROVIDED TO THE CATEGORICALLY NEEDY

19. Case management services and Tuberculosis related services

- a. Case management services as defined in, and to the group specified in, Supplement 2 to ATTACHMENT 3.1-A (in accordance with section 1905(a)(19) or section 1915 (g) of the Act).

Provided: With limitations

Not provided.

- b. Special tuberculosis (TB) related services under section 1902(z)(2)(F) of the Act.

Provided: With limitations*

Not provided.

20. Extended services for pregnant women

- a. Pregnancy-related and postpartum services for a 60-day period after the pregnancy ends and any remaining days in the month in which the 60th day falls.

Provided

Additional coverage ++

- b. Services for any other medical conditions that my complicate pregnancy.

Provided

Additional coverage ++

++ Attached is a description of increases in covered services beyond limitations for all groups described in this attachment and/or any additional services provided to pregnant women only.

*Description provided on attachment.

14. Reimbursement Methodology: Hospice Care for services provided on or after 3/2/2013

1. The Program shall pay a hospice care provider at one (1) of four (4) prospective rates for each day that a recipient is under the provider's care. The Medicaid Hospice rates are set prospectively by the Centers for Medicare and Medicaid Services (CMS) based on the methodology used in setting Medicare hospice rates, which are adjusted to disregard the cost offsets attributable to Medicare coinsurance amounts. Hospice payment rates are also adjusted for regional differences in wages, using indices published in the Federal Register and daily Medicaid hospice payment rates announced through the Centers for Medicare and Medicaid memorandum titled *Annual Change in Medicaid Hospice Payment Rates – ACTION* issued by the Director of the Disabled and Elderly Health Programs Group in the Center for Medicaid and CHIP Services. Rates and fees can be found by accessing the DHCF website at www.dc-medicaid.gov. The DHCF hospice rates were set by CMS and are effective for services provided on or after the CMS publication date. Except as otherwise noted in the plan, state-developed fee schedules and rates are the same for both governmental and private providers.
2. The four (4) daily rates are prospective rates, and there will be no retrospective adjustment other than a limitation on payment for inpatient care.
3. Total reimbursement to a participating hospice for hospice care shall be limited to the cap amount established by Medicare regulations.
4. The following services performed by hospice physicians are included in the rates paid to the hospice care provider:
 - a. General supervisory services of the medical director;
 - b. Participation in the establishment of plans of care, supervision of care and services, periodic review and updating of plans of care, and establishment of governing policies by the physician member of the interdisciplinary group.
5. In addition to the daily rates for the hospice care, the Program will make separate payments to the hospice care provider for the services subject to the following requirements:
 - a. Physician Services

For services not described in number (4) above, the payment shall be made in accordance with the usual Program reimbursement policy and fee schedule for physicians' services. Reimbursements for these physician services are not included in the amount subject to the hospice payment limit. The services must be direct patient care services furnished to a recipient under the care of the provider.

14. Reimbursement Methodology: Hospice Care for services performed between 10/1/92 through 3/1/2013
1. The Program shall pay a hospice care provider at one (1) of four (4) prospective rates for each day that a recipient is under the provider's care. The daily payment rates for a provider for routine home, continuous home care, inpatient respite care, and general inpatient care shall be in accordance with the amounts established by the Health Care Financing Administration (HCFA) of the U.S. Department of Health and Human Services for hospice care under the Medicare Program.
 2. The four (4) daily rates are prospective rates, and there will be no retrospective adjustment other than a limitation on payment for inpatient care.
 3. Total reimbursement to a participating hospice for hospice care shall be limited to the cap amount established by Medicare regulations.
 4. The following services performed by hospice physicians are included in the rates paid to the hospice care provider:
 - a. General supervisory services of the medical director; and
 - b. Participation in the establishment of plans of care, supervision of care and services, periodic review and updating of plans of care, and establishment of governing policies by the physician member of the interdisciplinary group.
 5. In addition to the daily rates for the hospice care, the Program will make separate payment to the hospice care provider for the services subject to the following requirements:
 - a. Physician Services

For services not described in number (4) above, the payment shall be made in accordance with the usual Program reimbursement policy and fee schedule for physicians' services.

Reimbursements for these physician services are not included in the amount subject to the hospice payment limit.

The services must be direct patient care services furnished to a recipient under the care of the provider.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: District of Columbia

CASE MANAGEMENT SERVICES

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