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State/Territory Name: Washington, D.C.

State Plan Amendment (SPA) #: 35/43

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 #010620144001

MAR 21 2014

Dr. Linda Elam, Ph.D., MPH
Deputy Director/Medicaid and CHIP
Department of Health Care Finance
Judiciary Square
441 4th Street, NW, Suite 900S
Washington, D.C. 20001

**RE: District of Columbia State Plan Amendment (SPA)
Transmittal Number (TN) 13-21- Preventive Services**


Dear Dr. Elam:

We have reviewed the District of Columbia's State Plan Amendment 13-21, entitled Preventive Services, that was submitted on December 23, 2013. This amendment ensures that preventive services currently identified within the District's State Plan align with the requirements of the Affordable Care Act. This SPA is now approved; its effective date is December 31, 2013. The relevant SPA pages, Supplement 1 to Attachment 3.1-A and Supplement 1 to Attachment 3.1-B, are enclosed.

I hope this information is helpful. If you have any further questions, please contact Sabrina Tillman-Boyd of my staff at 215-861-4721. She can also be reached at Sabrina.Tillman-Boyd@cms.hhs.gov.

Sincerely,

/s/


Francis McCullough
Associate Regional Administrator

Enclosures

cc: Claudia Schlosberg, DHCF
Diane Fields, DHCF

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL	1. TRANSMITTAL NUMBER: 13-21	2. STATE District of Columbia
	3. PROGRAM IDENTIFICATION: Title XIX	
FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES		4. PROPOSED EFFECTIVE DATE December 31, 2013
TO: Regional Administrator Centers for Medicare & Medicaid Services Department of Health and Human Services		

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 Section 1902 of the Social Security Act (42 USCA § 1396a) 42 C.F.R. § 440.130	7. FEDERAL BUDGET IMPACT a. FFY 2014 \$ 195,000 b. FFY 2015 \$ 260,000
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT Supplement 1 to Attachment 3.1-A, page 21 Supplement 1 to Attachment 3.1-B, page 20	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable) Supplement 1 to Attachment 3.1-A, page 21 Supplement 1 to Attachment 3.1-B, page 20

10. SUBJECT OF AMENDMENT:
Preventive Services Enhancements Per the Affordable Care Act

11. GOVERNOR'S REVIEW (Check One)

GOVERNOR'S OFFICE REPORTED NO COMMENT OTHER, AS SPECIFIED:
 COMMENTS OF GOVERNOR'S OFFICE ENCLOSED Resolution Number: **B20-199**
 NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

12. SIGNATURE OF STATE AGENCY OFFICIAL <i>/s/</i>	16. RETURN TO Linda Elam, PhD, MPH Senior Deputy Director/State Medicaid Director Department of Health Care Finance 899 N. Capitol St., NE Washington, DC 20002
13. TYPED NAME Linda Elam, PhD, MPH	
14. TITLE Senior Deputy Director/State Medicaid Director	
15. DATE SUBMITTED DEC 23 2013	

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED 12-23-2013	18. DATE APPROVED MAR 21 2014
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PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL DEC 31 2013	20. SIGNATURE OF REGIONAL OFFICIAL <i>/s/</i>
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21. TYPED NAME Francis McCullough	22. TITLE Associate Regional Administrator
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23. REMARKS

- 3) Special glasses such as sunglasses and tints must be justified in writing by the ophthalmologist or optometrist. Special tints and sunglasses are not allowed in addition to untinted eyewear.
 - 4) Contact lenses must be prior authorized by the State Agency.
13. Other Diagnostic, Screening, Preventive and Rehabilitative Services, i.e., Other Than Those Provided Elsewhere in This Plan include:
- a. Diagnostic, Screening, and Preventive clinical services that are assigned a grade of A or B (strongly recommended or recommended, respectively) by the United States Preventive Services Task Force; approved vaccines recommended by the Advisory Committee on Immunization Practices; preventive care and screening of infants, children and adults recommend by the Health Resources and Services Administration's Bright Futures program; and additional preventive services for women recommended by the Institute of Medicine. Preventive services shall be recommended by a physician or other licensed practitioner of the healing arts acting within the authorized scope of practice under the Health Occupations Revision Act of 1985, effective March 25, 1986 (D.C. Law 6-99; D.C. Official Code §§ 3-1201.01 et seq.), or comparable law in the state where the provider is licensed.
 - b. Rehabilitative services must be prior authorized and are covered for eligible Medicaid beneficiaries who are in need of mental health or substance abuse treatment, due to mental illness, serious emotional disturbance, or substance use disorder. Covered services include: 1) Mental Health Rehabilitation Services (MHRS); and 2) Adult Substance Abuse Rehabilitative Services (ASARS). These services are described in Supplement 6 to Attachment 3.1-A.

- (3) Special glasses such as sunglasses and tints must be justified in writing by the ophthalmologist or optometrist. Special tints and sunglasses are not allowed in addition to untinted eyewear.
- (4) Contact lenses must be prior authorized by the State Agency.
- (13) Other Diagnostic, Screening, Preventive and Rehabilitative Services, i.e., Other Than Those Provided Elsewhere in This Plan
 - a. Diagnostic services must be prior authorized.
 - b. Screening services are limited tom eligible EPSDT recipients.
 - c. Preventive services must be prior authorized.
 - d. Rehabilitative services must be prior authorized and are covered for eligible Medicaid beneficiaries who are in need of mental health or substance abuse treatment, due to mental illness, serious emotional disturbance, or substance use disorder. Covered services include: 1) Mental Health Rehabilitation Services (MHRS); and 2) Adult Substance Abuse Rehabilitative Services (ASARS).

These services are described in Supplement 3 to Attachment 3.1-B.