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State Name: Washington, D.C.

State Plan Amendment (SPA) #: 14-007

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS 179 Form/Summary Form (with 179-like data)
- 3) 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 # 082620144025

NOV 17 2014

Claudia Schlosberg, J.D.
Acting Senior Deputy Director/State Medicaid Director
Department of Health Care Finance
441 4th Street, N.W., 9th Floor
Washington, D.C.

Dear Ms. Schlosberg:

The Centers for Medicare & Medicaid Services (CMS) has completed its review of Washington, D.C.'s State Plan Amendment (SPA) 14-007. SPA 14-007 proposes to add coverage for Allogeneic Hematopoietic, and Autologous Hematopoietic, Stem Cell transplants into the State Plan. Additionally, the SPA clarifies conditions of coverage for other organ transplant services.

This SPA is acceptable. Therefore, we are approving SPA 14-007 with an effective date of October 1, 2014. Enclosed is a copy of the CMS Summary Page (CMS-179 form) and the approved State Plan pages.

We appreciate the cooperation and effort provided by your staff throughout this process. If you have further questions about this SPA, please contact Kia Banton of my staff at 215-861-4252 or by email at Kia.Banton@cms.hhs.gov.

Sincerely,
/s/

 Francis McCullough
Associate Regional Administrator

Enclosures

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES		1. TRANSMITTAL NUMBER: 14-007	2. STATE District of Columbia
TO: Regional Administrator Centers for Medicare & Medicaid Services Department of Health and Human Services		3. PROGRAM IDENTIFICATION: Title XIX of the Social Security Act	
		4. PROPOSED EFFECTIVE DATE October 1, 2014	
5. TYPE OF PLAN MATERIAL (Check One): <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 Sections 1102, 1902, and 1928 of the Social Security Act		7. FEDERAL BUDGET IMPACT a. FFY 15 \$ 5,800,000 b. FFY 16 \$ 6,000,000	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT Attachment 3.1-E pages 1-2		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable) Attachment 3.1-E pages 1, 1a, and 1b.	

10. SUBJECT OF AMENDMENT:
 Medicaid Organ Transplant Services

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 Claudia Schlosberg, J.D. Acting Senior Deputy Director/Medicaid Director Department of Health Care Finance 441 4 th Street, NW, 9 th Floor, South Washington, DC 20002
13. TYPED NAME Claudia Schlosberg	
14. TITLE Acting Senior Deputy Director/Medicaid Director	
15. DATE SUBMITTED August 25, 2014	

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED 8-22-14	18. DATE APPROVED NOV 12 2014
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PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL OCT 01 2014	20. SIGNATURE OF REGIONAL OFFICIAL <i>/s/</i>
21. TYPED NAME Francis McCullough	22. TITLE Associate Regional Administrator
23. REMARKS	

STANDARDS FOR THE COVERAGE OF ORGAN TRANSPLANT SERVICES

1. The D.C. Medicaid program will provide coverage for physician and hospital services limited to the following transplantation procedures:
 - (a) Liver transplantation;
 - (a) Heart transplantation;
 - (b) Lung transplantation;
 - (c) Kidney transplantation;
 - (d) Allogeneic stem cell transplantation; and
 - (e) Autologous hematopoietic stem cell transplantation.

2. The D.C. Medicaid program will provide reimbursement for covered transplantation services only if the recipient has been deemed eligible for benefits under the District of Columbia Medicaid program prior to performance of the transplantation procedure, and continues to be eligible throughout the period of hospitalization and follow-up treatment.

3. Medicaid reimbursable transplantation services must be performed by a transplant program/center that is:
 - (a) Located in a Medicare-enrolled hospital;
 - (b) Certified and is a member in good standing by the Organ Procurement and Transplantation Network (OPTN) for the specific organ/organs being transplanted;
 - (c) If located in the District, maintain the applicable Certificate of Need (CON) demonstrating a public need for transplantation services as issued by the D.C. Department of Health's, State Health Planning and Development Agency;
 - (d) If located outside of the District of Columbia, maintain any requirements of that particular state or jurisdiction for transplant program/centers; and
 - (e) Be enrolled in the D.C. Medicaid program.

TRANSPLANTATION STANDARDS: GENERAL

1. The D.C. Medicaid Program shall apply the following general criteria for approval of all transplantation procedures:
 - (a) The recipient shall be diagnosed and recommended by his/her physician(s) for an organ transplantation as the medically reasonable and necessary treatment for the patient's survival;

- (b) There is reasonable expectation that the recipient possesses sufficient mental capacity and awareness to undergo the mental and physical rigors of post-transplantation rehabilitation, with adherence to the long-term medical regimen that may be required;
 - (c) There is reasonable expectation that the recipient shall recover sufficiently to resume physical and social activities of daily living;
 - (d) Alternative medical and surgical therapies that might be expected to yield both short and long term survival must have been tried or considered and will not prevent progressive deterioration and death; and
 - (e) The recipient shall be diagnosed as having no other system disease, major organ disease, or condition considered likely to complicate, limit, or precluded expected recuperation and rehabilitation after transplantation
2. All transplantation procedures shall be prior authorized by the Department of Health Care Finance, or its designee, , and performed in accordance with the clinical standards established under the State Plan for Medical Assistance consistent with 42 C.F.R § 441.35.