

## **Table of Contents**

**State/Territory Name: District of Columbia**

**State Plan Amendment (SPA) #: 18-001**

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS 179
- 3) Approved SPA Pages

DEPARTMENT OF HEALTH & HUMAN SERVICES  
Centers for Medicare & Medicaid Services  
801 Market Street, Suite 9400  
Philadelphia, Pennsylvania 19107-3134



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

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SWIFT # 040420184060

**April 27, 2018**

Claudia Schlosberg, J.D.  
Senior Deputy Director/Medicaid Director  
Department of Health Care Finance  
441 4<sup>th</sup> Street, N.W., 9<sup>th</sup> floor, South  
Washington, D.C. 20001

Dear Ms. Schlosberg:

I am writing to inform you that we have reviewed the District of Columbia's State Plan Amendment (SPA) 18-001 entitled, Medicaid Reimbursement for Crisis/Emergency Services. This amendment will authorize the District of Columbia to increase the per unit reimbursement rate for crisis/emergency service codes H2011 and H2011 HK.

We are pleased to inform you that, after extensive review, this amendment is approved; its effective date is May 1, 2018. A copy of the approved SPA page and signed CMS-179 form are included under this cover.

If you have any further questions regarding this SPA, please contact LCDR Frankeena Wright at 215-861-4754 or by email at [Frankeena.Wright@cms.hhs.gov](mailto:Frankeena.Wright@cms.hhs.gov).

Sincerely,

A large black rectangular redaction box covering the signature of Francis T. McCullough.

Francis T. McCullough  
Associate Regional Administrator

Enclosures

cc: Alice Weiss, DHCF  
Sabrina Tillman Boyd, CMS

<b>TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL</b>	1. TRANSMITTAL NUMBER: <b>18-001</b>	2. STATE District of Columbia
	3. PROGRAM IDENTIFICATION: Title XIX of the Social Security Act	
FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES		
TO: Regional Administrator Centers for Medicare & Medicaid Services Department of Health and Human Services	4. PROPOSED EFFECTIVE DATE May 1, 2018	

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)

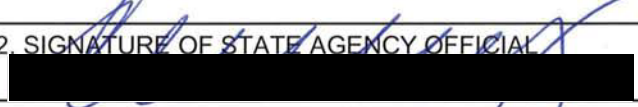
6. FEDERAL STATUTE/REGULATION CITATION Section 1905 of the Social Security Act (42 U.S.C. § 1396d); 42 CFR § 440.130	7. FEDERAL BUDGET IMPACT a. FFY 18 \$ 375,498.00 b. FFY 19 \$ 901,196.00
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT Supplement 2 to Attachment 4.19-B, Page 1a	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable) Supplement 2 to Attachment 4.19-B, Page 1a

10. SUBJECT OF AMENDMENT:

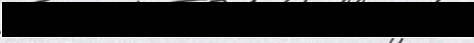
**Medicaid Reimbursement for Crisis/Emergency Services**

11. GOVERNOR'S REVIEW (Check One)

GOVERNOR'S OFFICE REPORTED NO COMMENT       OTHER, AS SPECIFIED:  
 COMMENTS OF GOVERNOR'S OFFICE ENCLOSED      Resolution Number: L22-0033  
 NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

12. SIGNATURE OF STATE AGENCY OFFICIAL 	16. RETURN TO Claudia Schlosberg, J.D. Senior Deputy Director/Medicaid Director Department of Health Care Finance 441 4 <sup>th</sup> Street, NW, 9 <sup>th</sup> Floor, South Washington, DC 20001
13. TYPED NAME Claudia Schlosberg J.D.	
14. TITLE Senior Deputy Director/Medicaid Director	
15. DATE SUBMITTED April 3, 2018	

**FOR REGIONAL OFFICE USE ONLY**

17. DATE RECEIVED April 3, 2018	18. DATE APPROVED April 27, 2018
<b>PLAN APPROVED – ONE COPY ATTACHED</b>	
19. EFFECTIVE DATE OF APPROVED MATERIAL May 1, 2018	20. SIGNATURE OF REGIONAL OFFICIAL 
21. TYPED NAME Francis McCullough	22. TITLE Associate Regional Administrator

- D. Reimbursement for Child-Parent Psychotherapy for Family Violence and Trauma Focused Cognitive-Behavioral Therapy services, and defined in Supplement 6 to Attachment 3.1A and Supplement 3 to Attachment 3.1B, shall be paid based upon a state-developed fee schedule. Providers for both services are also defined in both Supplements. Reimbursement for both services is paid per one fifteen (15) minute unit of service.
- E. The agency's fee schedule rate is set as of May 1, 2018 and is effective for services provided on or after that date. All rates are published on the agency's website at [www.dc-medicaid.com](http://www.dc-medicaid.com). Except as otherwise noted in the Plan, State developed fee schedule rates are the same for both governmental and private providers.
- F. Rates shall be consistent with efficiency, economy and quality of care.
- G. The fee development methodology will primarily be composed of provider cost modeling, through DC provider compensation studies, cost data, and fees from similar State Medicaid programs may also be considered. The following list outlines the major components of the cost model to be used in developing the fee methodology:
- (a) Staffing Direct Wages, including but not limited to: Salaries, fringe benefits (e.g., health and dental insurance, Medicare tax, employment tax), and contract costs for eligible direct care service providers;
  - (b) Direct Program Costs, including but not limited to: Materials, supplies, staff travel and training costs, program clinical and support salary and benefit costs, and additional allocable direct service costs unique to a provider;
  - (c) Indirect Costs, including but not limited to: Administrative personnel cost, management personnel costs, occupancy costs, security costs, and maintenance and repair costs;
  - (d) Service utilization statistics, including but not limited to: The total units of service provided and data related to service volume;
  - (e) Productivity Factors, including but not limited to hours of service; and
  - (f) Unique Program Costs.