

## **Table of Contents**

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

**State Plan Amendment (SPA) #: 18-010**

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 # 100420184032

**November 1, 2018**

Melisa Byrd  
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. Byrd:

I am writing to inform you that we have reviewed the District of Columbia's State Plan Amendment (SPA) 18-010 entitled, Transportation Services Fee-For-Service Reimbursement. This SPA will allow the District to increase reimbursement rates for ground mileage and a number of emergency medical transportation services.

We are pleased to inform you that, after extensive review, this amendment is approved; its effective date is October 1, 2018. A copy of the approved SPA pages 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).

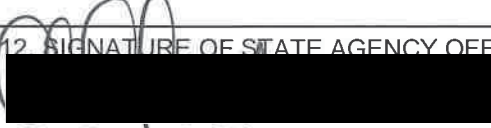
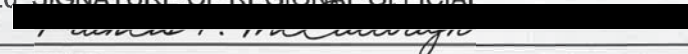
Sincerely,

A redacted signature consisting of two black rectangular boxes covering the name and title of the sender.

Francis T. McCullough  
Associate Regional Administrator

Enclosures

cc: Alice Weiss, DHCF  
Eugene Simms, DHCF  
Sabrina Tillman Boyd, CMS

<b>TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL</b>		1. TRANSMITTAL NUMBER: <b>18-010</b>	2. STATE: <b>District of Columbia</b>
<b>FOR: CENTERS FOR MEDICARE &amp; MEDICAID SERVICES</b>		3. PROGRAM IDENTIFICATION: <b>Title XIX of the Social Security Act</b>	
TO: Regional Administrator Centers for Medicare & Medicaid Services Department of Health and Human Services		4. PROPOSED EFFECTIVE DATE: <b>October 1, 2018</b>	
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:  42 CFR 440.170		7. FEDERAL BUDGET IMPACT:  FFY19: \$ <u>2,255,930.00</u> FFY20: \$ <u>2,316,840.00</u>	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:  <b>Attachment 4.19-B, Part I: p 13a</b>		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT ( <i>If Applicable</i> ):  <b>Attachment 4.19-B, Part I: p 13a</b>	
10. SUBJECT OF AMENDMENT:  <b>Transportation Services Fee For Service Reimbursement</b>			
11. GOVERNOR'S REVIEW ( <i>Check One</i> )			
<input type="checkbox"/> GOVERNOR'S OFFICE REPORTED NO COMMENT <input type="checkbox"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED <input type="checkbox"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL		<input checked="" type="checkbox"/> OTHER, AS SPECIFIED: <b>D.C. Act: <u>22-434</u></b>	
12. SIGNATURE OF STATE AGENCY OFFICIAL 		16. RETURN TO  Angelique Martin Interim 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  <b>Angelique Martin</b>			
14. TITLE  <b>Interim Senior Deputy Director/Medicaid Director</b>			
15. DATE SUBMITTED  October 1, 2018			
<b>FOR REGIONAL OFFICE USE ONLY</b>			
17. DATE RECEIVED      October 3, 2018		18. DATE APPROVED      October 30, 2018	
<b>PLAN APPROVED – ONE COPY ATTACHED</b>			
19. EFFECTIVE DATE OF APPROVED MATERIAL  October 1, 2018		20. SIGNATURE OF REGIONAL OFFICIAL 	
21. TYPED NAME      Francis McCullough		22. TITLE      Associate Regional Administrator	

- I. The DHCF fee schedule for dentist and orthodontist services, referenced at subparagraph iii.b. of paragraph 21. Fee-for-Service Providers, was set as of June 1, 2018 and is effective for services provided on or after that date.
- II. The DHCF fee schedule for transportation services, referenced at subparagraph iii.l. of paragraph 21. Fee-for-Service Providers, was set as of October 1, 2018 and is effective for services provided on or after that date.