

## **Table of Contents**

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

**State Plan Amendment (SPA) #: 18-011**

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 #102920184052

**November 2, 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) 18-011 entitled, Reimbursement for Mental Health Rehabilitation Services (MHRS). This SPA will allow the District to update reimbursement rates for MHRS.

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).

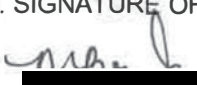
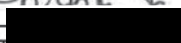
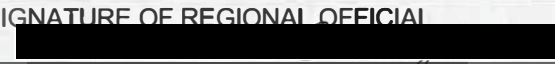
Sincerely,

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>  <b>FOR: CENTERS FOR MEDICARE &amp; MEDICAID SERVICES</b>	1. TRANSMITTAL NUMBER: <b>18-011</b>	2. STATE: <b>District of Columbia</b>
TO: Regional Administrator Centers for Medicare & Medicaid Services Department of Health and Human Services	3. PROGRAM IDENTIFICATION: <b>Title XIX of the Social Security Act</b>	
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 440.130(d)	7. FEDERAL BUDGET IMPACT:  FFY19: \$ <u>3,207,155.00</u> FFY20: \$ <u>3,290,541.00</u>	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:  <b>Supplement 2 to Attachment 4.19-B: p 1a</b>	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT ( <i>If Applicable</i> ):  <b>Supplement 2 to Attachment 4.19-B: p 1a</b>	
10. SUBJECT OF AMENDMENT:  <b>Reimbursement for Mental Health Rehabilitation Services</b>		
11. GOVERNOR'S REVIEW ( <i>Check One</i> ): <input type="checkbox"/> GOVERNOR'S OFFICE REPORTED NO COMMENT <input checked="" type="checkbox"/> OTHER, AS SPECIFIED: <input type="checkbox"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED <b>D.C. Act: <u>22-434</u></b> <input type="checkbox"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL		
12. SIGNATURE OF STATE AGENCY OFFICIAL    <b>Melisa Byrd</b>	16. RETURN TO  Melisa Byrd 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>Melisa Byrd</b>	14. TITLE  <b>Senior Deputy Director/Medicaid Director</b>	
15. DATE SUBMITTED October 25, 2018		
FOR REGIONAL OFFICE USE ONLY		
17. DATE RECEIVED      October 25, 2018	18. DATE APPROVED      November 1, 2018	
PLAN APPROVED – ONE COPY ATTACHED		
19. EFFECTIVE DATE OF APPROVED MATERIAL  October 1, 2018	20. SIGNATURE OF REGIONAL OFFICIAL  	
21. TYPED NAME  Francis T. 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 October 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/dcwebportal/home](http://www.dc-medicaid.com/dcwebportal/home). 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 schedule:
- (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.