

## **Table of Contents**

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

**State Plan Amendment (SPA) #: 19-001**

This file contains the following documents in the order listed:

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



**Regional Operations Group**

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SWIFT #032920194017

May 21, 2019

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 Director Byrd:

The Centers for Medicare & Medicaid Services (CMS) has completed its review of the District of Columbia's State Plan Amendment (SPA) 19-001, (Personal Care Aide Services (PCA) Long Term Care Services and Supports (LTCSS) Assessment Process Requirements. This SPA proposes to update LTCSS assessment requirements for beneficiaries receiving PCA services to align with the new assessment tool utilized by the Department of HealthCare Finance (DHCF). The SPA will also authorize DHCF to add Licensed Independent Clinical Social Workers as a provider type allowed to conduct face-face LTCSS assessments.

We are pleased to inform you that, after extensive review, this amendment is approved; its effective date is April 1, 2019.

If you have any further questions regarding this SPA, please LCDR Frankeena McGuire of my staff at 215-861-4273 or [Frankeena.McGuire@cms.hhs.gov](mailto:Frankeena.McGuire@cms.hhs.gov).

Sincerely,

A redacted signature consisting of two black rectangular boxes. A small pink ribbon icon is visible between the two boxes.

Sabrina Tillman-B  
Acting Deputy Director  
Eastern Regional Operations Group

cc: Alice Weiss, DHCF  
Eugene Simms, DHCF  
Margaret Kosherzenko, 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>19-001</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>April 1, 2019</b>		

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: <b>42 CFR 440.167</b>	7. FEDERAL BUDGET IMPACT:  FFY19: <u>\$ 0</u> FFY20: <u>\$ 0</u>
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:  <b>Supplement 1 to Attachment 3.1-A, p. 29 - 30</b>  <b>Supplement 1 to Attachment 3.1-B, p. 29</b>	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable):  <b>Supplement 1 to Attachment 3.1-A, p. 29 - 30</b>  <b>Supplement 1 to Attachment 3.1-B, p. 29</b>


10. SUBJECT OF AMENDMENT:

**Personal Care Aide (PCA) Services Long-Term Care Services and Supports (LTCSS) Assessment Process Requirements**

11. GOVERNOR'S REVIEW (Check One)

- GOVERNOR'S OFFICE REPORTED NO COMMENT  
 COMMENTS OF GOVERNOR'S OFFICE ENCLOSED  
 NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

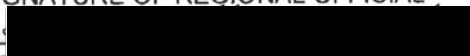
OTHER, AS SPECIFIED:  
**D.C. Act: 22-434**

12. SIGNATURE OF STATE AGENCY OFFICIAL  	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  <b>MAR 28 2019</b>	

**FOR REGIONAL OFFICE USE ONLY**

17. DATE RECEIVED      March 28, 2019	18. DATE APPROVED      May 21, 2019
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**PLAN APPROVED – ONE COPY ATTACHED**

19. EFFECTIVE DATE OF APPROVED MATERIAL April 1, 2019	20. SIGNATURE OF REGIONAL OFFICIAL  
21. TYPED NAME Sabrina Tillman Boyd	22. TITLE Acting Deputy Director

(continued). Any other medical care and any other types of remedial care recognized under State law, specifically by the Secretary.

f. Personal Care Services, Prescribed in Accordance with a Plan of Treatment and Furnished by Qualified Persons Under Supervision of a Registered Nurse are covered with limitations

a. Covered Services

1. Personal Care Aide (PCA) services are services provided to individuals who require assistance with activities of daily living. Covered services include cueing, hands-on assistance, and safety monitoring related to activities of daily living including bathing, dressing, toileting, transferring and ambulation.
2. Section 1905(a)(24) of the Social Security Act authorizes the provision of PCA services in a person's home or, at the State's option, in another location.
3. Under Section 1905(a)(24) of the Social Security Act, PCA services shall not be provided to individuals who are inpatients or residents of a hospital, nursing facility, intermediate care facility for the developmentally disabled, or institution for mental disease. Additionally, PCA services must not be provided in any other living arrangement which includes personal care as a reimbursed service under the Medicaid program.

b. Service Authorization

1. All PCA services must be prior authorized. To be eligible for PCA services, a person must:
  - (a) Be in receipt of a written order for PCA services, signed by a physician or Advanced Practice Registered Nurse (A.P.R.N) who: (1) is enrolled in Medicaid; and (2) has had a prior professional relationship with the person that included an examination(s) provided in a hospital, primary care physician's office, nursing facility, or at the person's home prior to the prescription of the personal care services.
  - (b) Be unable to independently perform one or more activities of daily living for which personal care services are needed as established by the face-to face assessment conducted by DHCF or its agent.
  - (c) Be in receipt of a PCA Service Authorization, which serves as the service plan approved by the state required by 42 C.F.R. § 440.167(a)(1), that authorizes the hours for which the individual is eligible.
2. For new beneficiaries, a request for an assessment shall be made to DHCF by the person seeking services, the person's representative, family member, or health care professional.
3. An R.N. or Licensed Independent Clinical Social Worker (LICSW) employed by DHCF or its designated agent shall conduct the initial face-to-face assessment following the receipt of a request for an assessment.

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4. The face-to-face assessment will utilize a standardized assessment tool, adopted by DHCF, to determine each person's level of need for Long Term Care Supports Services (LTCSS).
  5. DHCF shall issue an assessment determination (PCA Service Authorization) that specifies the amount, frequency, duration, and scope of PCA services authorized to be provided to the person.
  6. The supervisory nurse employed by the home health agency shall conduct an evaluation of each beneficiary's need for the continued receipt of State Plan PCA services at least every twelve (12) months or upon a significant change in the beneficiary's health status, as follows:
    - (a) The evaluation shall determine whether there is a significant change in the beneficiary's health status;
    - (b) Prior to August 1, 2019, regardless of whether the evaluation results in a determination that there is or is no significant change, the supervisory nurse shall request that a face-to-face reassessment be conducted in accordance with the requirements of this section.
    - (c) Effective August 1, 2019, the following shall apply:
      - (1) If the evaluation results in a determination that there is no significant change, the supervisory nurse shall attest that a face-to-face reassessment is not required, and services shall continue to be provided at the level set forth in the current assessment determination; and
      - (2) If the evaluation results in a determination that there is a significant change, the supervisory nurse shall request that a face-to-face reassessment be conducted in accordance with the requirements of this section.

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3. An R.N. or Licensed Independent Clinical Social Worker (LICSW) employed by DHCF or its designated agent shall conduct the initial face-to-face assessment following the receipt of a request for an assessment.
  4. The face-to-face assessment will utilize a standardized assessment tool, adopted by DHCF, to determine each person's level of need for Long Term Care Services and Supports (LTCSS).
  5. DHCF shall issue an assessment determination (PCA Service Authorization) that specifies the amount, frequency, duration, and scope of PCA services authorized to be provided to the person.
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      - (2) If the evaluation results in a determination that there is a significant change, the supervisory nurse shall request that a face-to-face reassessment be conducted in accordance with the requirements of this section.