

## **Table of Contents**

**State/Territory Name: DC**

**State Plan Amendment (SPA) #: 24-0015**

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  
7500 Security Boulevard, Mail Stop S3-14-28  
Baltimore, Maryland 21244-1850



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**Financial Management Group**

8/13/2024

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

RE: TN 24-0015

Dear Medicaid Director Byrd:

The Centers for Medicare & Medicaid Services (CMS) has reviewed the proposed District of Columbia state plan amendment (SPA) to Attachment 4.19-D DC 24-0015, which was submitted to CMS on June 28, 2024. This plan amendment updates the reimbursement methodology for out-of-state nursing facilities to ensure continued access to nursing facilities for District Medicaid beneficiaries.

We reviewed your SPA submission for compliance with statutory requirements, including in sections 1902(a)(2), 1902(a)(13), 1902(a)(30), 1903 as it relates to the identification of an adequate source for the non-federal share of expenditures under the plan, as required by 1902(a)(2) of the Social Security Act and the applicable implementing Federal regulations.

Based upon the information provided by the state, we have approved the amendment with an effective date of June 1, 2024. We are enclosing the approved CMS-179 and a copy of the new state plan pages.

If you have any additional questions or need further assistance, please contact Kristina Mack at 617-565-1225 or via email at [Kristina.Mack-Webb@cms.hhs.gov](mailto:Kristina.Mack-Webb@cms.hhs.gov).

Sincerely,



Rory Howe  
Director  
Financial Management Group

Enclosures

<b>TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL</b> <b>FOR: CENTERS FOR MEDICARE &amp; MEDICAID SERVICES</b>	1. TRANSMITTAL NUMBER: <b>DC-24-0015</b>	2. STATE: <b>District of Columbia</b>
	3. PROGRAM IDENTIFICATION: TITLE <u>XIX</u> OF THE SOCIAL SECURITY ACT	
TO: CENTER DIRECTOR CENTERS FOR MEDICARE & MEDICAID SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES	4. PROPOSED EFFECTIVE DATE: <b>June 1, 2024</b>	
5. FEDERAL STATUTE/REGULATION CITATION: <b>1902(a)(30)(A) and 1905(a)(4)(A) of the Social Security Act</b>	6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars): a. FFY 2024: <b>\$0</b> b. FFY 2025: <b>\$0</b>	
7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: <b>Attachment 4.19-D Supplement 1, page 13</b>	8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable): <b>Attachment 4.19-D Supplement 1, page 13</b>	


9. SUBJECT OF AMENDMENT:

**Updates reimbursement methodology for out-of-state nursing home facilities.**

10. 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

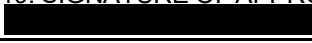
OTHER, AS SPECIFIED:  
**D.C. Act: 22-434**

11. SIGNATURE OF STATE AGENCY OFFICIAL 	15. 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
12. TYPED NAME <b>Melisa Byrd</b>	
13. TITLE <b>Senior Deputy Director/Medicaid Director</b>	
14. DATE SUBMITTED <b>June 28, 2024</b>	

**FOR CMS USE ONLY**

16. DATE RECEIVED June 28, 2024	17. DATE APPROVED 8/13/2024
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**PLAN APPROVED – ONE COPY ATTACHED**

18. EFFECTIVE DATE OF APPROVED MATERIAL June 1, 2024	19. SIGNATURE OF APPROVING OFFICIAL 
20. TYPED NAME OF APPROVING OFFICIAL Rory Howe	21. TITLE OF APPROVING OFFICIAL Director, Financial Management Group
22. REMARKS	

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- A. A nursing facility that has been reorganized pursuant to Chapter 11 of Title 11 of the United States Bankruptcy Code on or after a specific date determined by DHCF shall be reimbursed at the same rate in effect prior to the date the reorganized facility filed its petition for bankruptcy.
  - B. A nursing facility with a change of ownership on or after a specific date determined by DHCF shall be reimbursed at the same rate established for the nursing facility prior to the change of ownership, except the capital per diem shall be the greater of the base year day-weighted average per diem of facilities in the assigned peer group or the capital rate for the nursing facility prior to the change of ownership.
  - C. A nursing facility that expands its bed capacity shall be reimbursed for its the newly added beds at the same rate established for the nursing facility prior to the expansion until the next rebasing effective date, unless the addition of beds qualifies the expanded facility for a different peer group.
  - D. If the expanded facility qualifies for a different peer group, the facility rates will be adjusted to comply with the new peer group rates one (1) year after the new beds are put into service, or on the next rebasing date, whichever comes first.
  - E. A nursing facility that reduces its bed capacity shall continue to be reimbursed at the same rate established for the nursing facility prior to the bed reduction until the next rebasing effective date, unless the bed reduction qualifies the facility for a different peer group.
  - F. If a reduction in the number of beds qualifies the facility for a different peer group, the facility rates will be adjusted to comply with the new peer group rates as soon as the reduction is effective.

#### XXI. REIMBURSEMENT FOR OUT OF STATE FACILITIES

- A. If a District Medicaid beneficiary facility is placed in an out-of-state facility outside the District of Columbia ("District") in accordance with the requirements of § XXI.E, DHCF shall reimburse the facility in accordance with the Medicaid reimbursement policy of the state in which the facility is located or a negotiated rate.
- B. DHCF shall notify each out-of-state facility, in writing, of its payment rate calculated in accordance with this section.
- C. An out-of-state facility is not required to file cost reports with DHCF.
- D. Each out-of-state facility shall obtain written authorization from DHCF prior to admission of a District Medicaid beneficiary.