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State/Territory Name: Washington, D.C.

State Plan Amendment (SPA) #: 12-03

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) Additional Companion letter
- 3) CMS 179 Form/Summary Form (with 179-like data)
- 4) Approved SPA Pages

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
Philadelphia Regional Office
105 S. Independence Mall, West
Suite 216, The Public Ledger Building
Philadelphia, PA 19106-3499



REGION III / DIVISION OF MEDICAID AND CHILDREN'S HEALTH OPERATIONS

090520124064

SEP - 7 2012

Linda Elam, PhD., MPH
Deputy Director/Medicaid and CHIP
Department of Health Care Finance
899 North Capitol Street, N.E. - Suite 6037
Washington, DC 20002

Dear Ms. Elam:

We are pleased to inform you of the approval of the District of Columbia's (DC) Medicaid State Plan Amendment (SPA) 12-03, which relates to Medicaid pediatric and palliative care. This SPA authorizes the election by a parent of the hospice benefit which will not constitute a waiver of any rights relating to treatment of a child's condition when it has been determined the condition is terminal. The effective date of this SPA is August 1, 2012. Enclosed is a copy of the approved SPA and CMS-179 form.

On the same day as this letter, the Centers for Medicare & Medicaid Services (CMS) will issue a Companion Letter to you as part of the approval of DC SPA 12-03 requesting additional reimbursement and same page Target Case management information.

If you have any questions please contact Alice Robinson Penn of my staff at (215) 861-4261.

Sincerely,
/s/

MM

Francis McCullough
Associate Regional Administrator

cc: Ms. Diane Field – DHCF

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REGION III/DIVISION OF MEDICAID AND CHILDREN'S HEALTH OPERATIONS

09052012 4664

SEP - 7 2012

Linda Elam, PhD., MPH
Deputy Director/Medicaid and CHIP
Department of Health Care Finance
899 North Capitol Street, N.E. - Suite 6037
Washington, DC 20002

Re: Companion Letter – District of Columbia (DC) State Plan Amendment (SPA) 12-03 – Medicaid Pediatric Palliative Care

Dear Dr. Elam:

This letter is being sent as a companion to our approval of DC's state plan amendment (SPA) 12-03, entitled "Medicaid Pediatric Palliative Care". Section 1902(a) of the Social Security Act (the Act) requires that states have a state plan for medical assistance that meets certain federal requirements that set out a framework for the state program. Implementing regulations at 42 CFR 430.10 require that the state plan be a comprehensive written statement describing the nature and scope of the state's Medicaid program and that it contain all information necessary for the Centers for Medicare & Medicaid Services (CMS) to determine whether the plan can be approved to serve as the basis for federal financial participation (FFP) in the state program. During our review of this SPA, CMS performed an analysis of the reimbursement related to this SPA and conducted a same-page review of Targeted Case Management, and found that the state is not in compliance with CMS requirements.

Reimbursement Questions

1. Attachment 4.19B, Part 1, Page 8, Paragraph 1, First sentence states: "The program shall pay a hospice care provider at one (1) or four (4) prospective rates..." Should the word "or" be replaced with "of"?
2. Attachment 4.19B, Part 1, Page 8, Paragraph 1, Last sentence states: "The daily payment rates... shall be in accordance with the amounts established by the Health Care Financing Administration (HCFA) of the US Department of Health and Human Services for hospice care under the Medicare program." The State Medicaid Manual indicates that hospice rates cannot be lower than

the published Medicaid rates. Please adjust the methodology in the SPA language to comply with the section 4306 of the State Medicaid Manual. The State Medicaid Manual section 4306.3 states:

"4306.3 Hospice Payment Rates.--The minimum national Medicaid hospice rates, before area wage adjustments for each of the categories of care described in §4306.1 are:

<i>Routine Home Care Rate</i>	<i>79.85</i>
<i>Continuous Home Care Rates</i>	<i>465.57</i>
<i>Full Rate- 24 hours of Care Hourly Rate</i>	<i>19.40</i>
<i>Inpatient Respite Care Rate</i>	<i>86.82</i>
<i>General Inpatient Care Rate</i>	<i>354.73</i>

These rates are based on the methodology used in setting Medicare rates, adjusted to disregard cost offsets attributable to Medicare coinsurance amounts. Under the Medicaid hospice benefit, no cost sharing may be imposed with respect to hospice services rendered to Medicaid recipients. These rates are in effect for services provided on or after January 1, 1990.

Effective on or after April 1, 1990, the State may choose to establish hospice payment rates at higher amounts than those listed above. In no case may hospice payment amounts be established in amounts lower than the amounts listed above."

The following language *could* be used in the state plan to refer to the Medicaid rate:

"The Medicaid Hospice rates are set prospectively by CMS based on the methodology used in setting Medicare Hospice rates, which are adjusted to disregard the cost offsets attributable to Medicare coinsurance amounts. Hospice payment rates are also adjusted for regional differences in wages, using indices published in the Federal Register and daily Medicaid hospice payment rates announced through the Centers for Medicare and Medicaid memorandum titled Annual Change in Medicaid Hospice Payment Rates—ACTION issued by the Director of the Disabled and Elderly Health Programs Group in the Center for Medicaid and CHIP Services.

Rates and fees can be found by accessing the (insert link if applicable). The agency hospice rates were set by CMS and are effective for services provided on or after the CMS publication date. Except as otherwise noted in the plan, state-developed fee schedules and rates are the same for both governmental and private providers."

Additionally, as an administrative correction, where the District refers to the "Health Care Finance Administration (HCFA)" please change the agency's title to the "Centers for Medicare & Medicaid Services (CMS)" when updating the state plan language.

Coverage Questions:

The Centers for Medicare and Medicaid Services conducted a same page review of Target Case Management (TCM) services and found that the District did not comply with our requirements of 1915(g) (1) of the Social Security Act and 42 CFR. 441.18.

3. The CMS would like the District to address the following questions for compliance:

A. Supplement 2 to Attachment 3.1-A, page 3

- What is the District's rationale for dividing the sub-groups into these age groupings?
- The District needs to clarify if any of your "supported residential facilities" or "public mental health facilities" are facilities with more than 16 beds.
 - 42 CFR 435.1010, An Institution for Mental Diseases is defined as a hospital, nursing facility, or other institution of more than 16 beds that is primarily engaged in providing diagnosis, treatment, or care of persons with mental diseases, including medical attention, nursing care, and related services. The regulations also indicate that an institution is an IMD if its overall character is that of a facility established and maintained primarily for the care and treatment of individuals with mental diseases.

B. Supplement 2 to Attachment 3.1-A, page 4:

- Please clarify whether individuals under age 22 reside in IMDS that are Psychiatric Rehabilitation Treatment Facilities (PRTFs) or other facilities that comply with all the requirements in 42 CFR 440.160 for inpatient psychiatric services for individuals under age 21
- Similarly, please clarify if coverage for individuals over age 64 includes inpatient services of IMDs that are certified as inpatient hospitals or nursing facilities and are covered in the DC's state plan.

Additionally CMS has noted that the District's TCM plan pages for adults have not been updated since SPA 93-09 was approved on 11/22/93. It is noted that not all of the information we currently require is included in the plan pages. CMS would like the District to consider using the attached draft preprint to be sure that all the required information is included in the District's Medicaid plan. Alternatively, the District could include the missing information in its current plan pages.

Please respond within 90 days of the date of this letter with a corrective action plan or a SPA that addresses all of the issues referred to above. State plan non-compliance with requirements at 42 CFR 430.40 and in accordance with section 1915(g)(1) of the Act and 42 CFR 441.18 is grounds for initiating a formal compliance process. During the 90 day period, we are happy to provide any technical assistance that you need.

Please contact Alice Robinson Penn at (215) 861-4261, or at the e-mail address: Alice.RobinsonPenn@cms.hhs.gov if you have any questions on this letter. Also, contact Ms. Robinson Penn with any technical assistance requests. We look forward to working with you on resolving these issues.

Sincerely,
/s/

Francis McCullough
Associate Regional Administrator

cc: De Earhart, DMCHO

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES	1. TRANSMITTAL NUMBER: 12-03	2. STATE District of Columbia
	3. PROGRAM IDENTIFICATION: Title XIX of the Social Security Act	
TO: Regional Administrator Centers for Medicare & Medicaid Services Department of Health and Human Services	4. PROPOSED EFFECTIVE DATE August 1, 2012	

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 1905(o)(1) of the Act	7. FEDERAL BUDGET IMPACT FFY 12 \$ 34,339 (8/1-9/30) FFY 13 \$ 171,694 FFY 14 \$ 183,369
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT Attachment 3.1-A p 7 Attachment 3.1-B p 6 Supplement 1 to Attachment 3.1-A pp 24, 24a, 24b Supplement 1 to Attachment 3.1-B pp 23, 23a, 23b	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable) Attachment 3.1-A p 7 Attachment 3.1-B p 6 Supplement 1 to Attachment 3.1-A p 24 Supplement 1 to Attachment 3.1-B p 23

10. SUBJECT OF AMENDMENT:

Medicaid Pediatric Palliative Care

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:
 PR 19-693

12. SIGNATURE OF STATE AGENCY OFFICIAL /s/	16. RETURN TO Linda Elam Deputy Director/Medicaid Director Department of Health Care Finance 899 N. Capitol St., NE Washington, DC 20002
13. TYPED NAME Linda Elam, Ph.D.	
14. TITLE Deputy Director/Medicaid Director	
15. DATE SUBMITTED June 11, 2012	

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED JUN 11 2012	18. DATE APPROVED SEP - 7 2012
PLAN APPROVED - ONE COPY ATTACHED	
19. EFFECTIVE DATE OF APPROVED MATERIAL AUGUST 1, 2012	20. SIGNATURE OF REGIONAL OFFICIAL /s/
21. TYPED NAME FRANCES McCullough	22. TITLE ASSOCIATE REGIONAL ADMINISTRATOR
23. REMARKS	

State/Territory: DISTRICT OF COLUMBIA

AMOUNT, DURATION AND SCOPE OF MEDICAL
AND REMEDIAL CARE AND SERVICES PROVIDED
TO THE CATEGORICALLY NEEDY

15. a. Intermediate care facility services (other than such services in an institution for mental diseases) for persons determined in accordance with section 1902(a)(31)(A) of the Act, to be in need of such care.

☒ Provided ☒ No limitations

☐ With limitations* ☐ Not Provided:

- b. Including such services in a public institution (or distinct part thereof) for the mentally retarded or persons with related conditions.

☒ Provided ☒ No limitations

☐ With limitations* ☐ Not Provided:

16. Inpatient psychiatric facility services for individuals under 22 years of age.

☒ Provided ☒ No limitations

☐ With limitations* ☐ Not Provided:

17. Nurse-midwife services

☒ Provided ☒ No limitations

☐ With limitations* ☐ Not Provided:

18. Hospice care (in accordance with section 1905(o) of the Act).

☒ Provided ☐ No limitations

☒ Provided in accordance with section
2302 of the Affordable Care Act

☒ With limitations* ☐ Not Provided:

*Description provided on attachment

TN No. _____
Supersedes
TN No. 02-01

Approved Date SEP - 7 2012

Effective Date AUG 1 - 2012

Revision: HCFA-PM-86-20 (BERC)
SEPTEMBER 1986

ATTACHMENT 3.1-B
Page 6

State/Territory: _____

AMOUNT, DURATION AND SCOPE OF MEDICAL
AND REMEDIAL CARE AND SERVICES PROVIDED
TO THE MEDICALLY NEEDY

15. a. Intermediate care facility services (other than such services in an institution for mental diseases) for persons determined in accordance with section 1902(a)(31)(A) of the Act, to be in need of such care.

/X/ Provided /X/ No limitation // With limitations*

- b. Including such services in a public institution (or district part thereof) for the mentally retarded or persons with related conditions.

/X/ Provided /X/ No limitation // With limitations*

16. Inpatient psychiatric facility services for individuals under 22 years of age.

/X/ Provided /X/ No limitation // With limitations*

17. Nurse-midwife services.

/X/ Provided // No limitation /X/ With limitations*

18. Hospice care (in accordance with section 1905(o) of the Act).

/X/ Provided // No limitation /X/ Provided in accordance with section 2302 of the
Affordable Care Act

/X/ With limitations*

*Description provided on attachment-

TN No. _____
Supercedes
TN No. 92-01

Approval Date

SEP - 7 2012

Effective Date

AUG 1 - 2012

7. Prescription drugs which are used primarily for relief of pain and symptom control related to the recipient's terminal illness;
 8. Physical, occupational and speech therapy services;
 9. Home health aide, personal care aide, and homemaker services; and
 10. Chemotherapy and radiation therapy to provide pain control or symptom relief.
- I. Continuous Home Care- care to maintain a recipient at home during a brief period of crisis is covered for:
1. Nursing care, provided by either a registered nurse or a licensed practical nurse, and accounting for more than half of the period of care;
 2. A minimum of eight (8) hours of care, not necessarily consecutive, provided during a twenty four (24) hour day which begins at midnight; and
 3. Homemaker, home health, and personal care aide services if needed, to supplement the nursing care.
- J. Pediatric hospice care under Section 2302 of the Act shall be unlimited, so long as the child remains eligible for and elects the hospice benefit.
1. An election to receive hospice care under Section 2302 of the Patient Protection and Affordable Care Act is provided in accordance with a written plan of care for each beneficiary. The initial Hospice election period shall be for ninety (90) days, followed by a second ninety (90) day period. A third period of sixty (60) days, and then one or more sixty (60) day extended election periods may also be available. In the case of the initial Hospice election period of one hundred eighty days (180), the provider shall obtain written certification from the beneficiary's attending physician, specialty care, or primary care physician authorizing the need for services. In the case of election periods of sixty (60) days, the provider shall obtain written certification from the beneficiary's attending physician, specialty care, or primary care physician authorizing the need for services before each sixty (60) day election period. In all cases, the beneficiary's medical prognosis is for a life expectancy of six months or less and must be verified.

2. A voluntary election for hospice care for a child shall not constitute a waiver of any rights to services that are related to the treatment of the child's condition for which a diagnosis of terminal illness has been made.

K. Covered services under Section 2302 of the Act include:

1. Child life services using play and psychological therapies to facilitate coping and adjustment of the child;
2. Counseling services, including bereavement or spiritual counseling;
3. Expressive therapies including art therapy and music therapy;
4. Home health aide services to assist patients with the basic activities of daily living;
5. Nursing care services provided by or under the supervision of a registered nurse specializing in pediatric nursing;
6. Inpatient care for pain control and symptom management;
7. Massage therapy services;
8. Nutrition counseling services;
9. Medical social services provided by a Licensed Independent Clinical Social Worker (LICSW);
10. Pain/symptom management;
11. Pharmacology/pharmacy services;
12. Respite care;
13. Durable medical equipment and supplies; and
14. Physical, occupational, and speech therapy services provided for purposes of symptom control or to enable the beneficiary to maintain activities of daily living and basic functional skills.

- L. Medically necessary and concurrent treatment services relating to the treatment of the condition, for which a diagnosis of terminal illness has been made, shall be furnished pursuant to the EPSDT benefit under 1905(r) of the Act.

19. Case Management Services and Tuberculosis Related Services

TN No. _____

Supersedes

TN No. 02-01

SEP - 7 2012
Approval Date _____

AUG 1 - 2012
Effective Date _____

A. Case Management Services as defined in, and to the Group Specified in, Supplement 2 to Attachment 3.1 A (in accordance with Section 1905(a)(19) or section 1915(g) of the Act) are provided with limitations.

B. Tuberculosis Related Services

1. Covered services shall be limited to DOT services at 1902(Z)(2)(F).

7. Prescription drugs which are used primarily for relief of pain and symptom control related to the recipient's terminal illness;
 8. Physical, occupational and speech therapy services;
 9. Home health aide, personal care aide, and homemaker services; and
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1. An election to receive hospice care under Section 2302 of the Patient Protection and Affordable Care Act is provided in accordance with a written plan of care for each beneficiary. The initial Hospice election period shall be for ninety (90) days, followed by a second ninety (90) day period. A third period of sixty (60) days, and then one or more sixty (60) day extended election periods may also be available. In the case of the initial Hospice election period of one hundred eighty days (180), the provider shall obtain written certification from the beneficiary's attending physician, specialty care, or primary care physician authorizing the need for services. In the case of election periods of sixty (60) days, the provider shall obtain written certification from the beneficiary's attending physician, specialty care, or primary care physician authorizing the need for services before each sixty (60) day election period. In all cases, the beneficiary's medical prognosis is for a life expectancy of six months or less and must be verified.

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14. Physical, occupational, and speech therapy services provided for purposes of symptom control or to enable the beneficiary to maintain activities of daily living and basic functional skills.

- L. Medically necessary and concurrent treatment services relating to the treatment of the condition, for which a diagnosis of terminal illness has been made, shall be furnished pursuant to the EPSDT benefit under 1905(r) of the Act.

19. Case Management Services and Tuberculosis Related Services

A. Case Management Services as defined in, and to the Group Specified in, Supplement 2 to Attachment 3.1 A (in accordance with Section 1905(a)(19) or section 1915(g) of the Act) are provided with limitations.

B. Tuberculosis Related Services

1. Covered services shall be limited to DOT services at 1902(Z)(2)(F).

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 14. Physical, occupational, and speech therapy services provided for purposes of symptom control or to enable the beneficiary to maintain activities of daily living and basic functional skills.
- L. Medically necessary and concurrent treatment services relating to the treatment of the condition for which a diagnosis of terminal illness has been made, shall be furnished pursuant to the EPSDT benefit under 1905(r) of the Act.
19. Case Management Services and Tuberculosis Related Services
- A. Case Management Services as defined in, and to the Group Specified in, Supplement 2 to Attachment 3.1 A (in accordance with Section 1905(a)(19) or section 1915(g) of the Act) are provided with limitations.
- B. Tuberculosis Related Services

1. Covered services shall be defined as those services listed in Section 13603 of the Omnibus Reconciliation Act of 1993 as being related to the treatment of those programs with a diagnosis of tuberculosis disease. In accordance with Section 13603, room and board are not a covered service for patients completing treatment under observation.

These services shall be prescribed by a physician and shall be part of a written plan of care approved by the Bureau of Tuberculosis Control of the Department of Health.

TN No. _____
Supersedes
TN No. 95-01

SEP - 7 2012
Approval Date _____

AUG 1 - 2012
Effective Date _____

7. Prescription drugs which are used primarily for relief of pain and symptom control related to the recipient's terminal illness;
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- L. Medically necessary and concurrent treatment services relating to the treatment of the condition for which a diagnosis of terminal illness has been made, shall be furnished pursuant to the EPSDT benefit under 1905(r) of the Act.
19. Case Management Services and Tuberculosis Related Services
- A. Case Management Services as defined in, and to the Group Specified in, Supplement 2 to Attachment 3.1 A (in accordance with Section 1905(a)(19) or section 1915(g) of the Act) are provided with limitations.
- B. Tuberculosis Related Services

1. Covered services shall be defined as those services listed in Section 13603 of the Omnibus Reconciliation Act of 1993 as being related to the treatment of those programs with a diagnosis of tuberculosis disease. In accordance with Section 13603, room and board are not a covered service for patients completing treatment under observation.

These services shall be prescribed by a physician and shall be part of a written plan of care approved by the Bureau of Tuberculosis Control of the Department of Health.

TN No. _____

Supersedes

TN No. 02-01

SEP - 7 2012

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