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State/Territory Name: Washington, D.C.

State Plan Amendment (SPA) #: 35/3:

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS 179 Form/Summary Form (with 179-like data)
- 5+"Approved SPA Pages

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



Region III/Division of Medicaid and Children's Health Operations

SWIFT #011520144005

FEB 04 2014

Dr. Linda Elam, Ph.D., MPH
Deputy Director/Medicaid and CHIP
Department of Health Care Finance
Judiciary Square
441 4th Street, NW, Suite 900S
Washington, D.C. 20001

**RE: District of Columbia State Plan Amendment (SPA)
Transmittal Number (TN) 13-18**

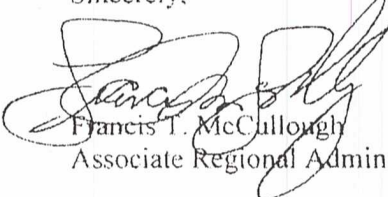
Dear Dr. Elam:

Enclosed for your records is an approved copy of the District of Columbia's Tobacco Cessation State Plan Amendment (SPA), TN 13-18. Submitted on November 7th, 2013, this SPA meets all federal statutory and regulatory requirements congruent with the Affordable Care Act.

This SPA is approved effective October 1, 2013 and the relevant SPA pages are attached.

If you have any questions concerning this State Plan Amendment, please contact Sabrina Tillman-Boyd of my staff at (215) 861-4721 or [Sabrina.Tillman-Boyd@cms.hhs.gov](mailto: Sabrina.Tillman-Boyd@cms.hhs.gov).

Sincerely,


Francis T. McCullough
Associate Regional Administrator

Enclosures

cc: Claudia Schlosberg, DHCF
M. Diane Fields, DHCF

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES	1. TRANSMITTAL NUMBER: 13-18	2. STATE District of Columbia
	3. PROGRAM IDENTIFICATION: Medicaid, 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: October 1, 2013	

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 § 4107 of the Patient Protection and Affordable Care Act, P.L. 111-148, which amended Title XIX of the Social Security Act	7. FEDERAL BUDGET IMPACT a. FFY 2014 \$ 0 b. FFY 2015 \$ 0
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT Attachment 3.1-A, p. 8 Supplement 1 to Attachment 3.1A, p. 18 Supplement 1 to Attachment 3.1-A, p. 27 Supplement 1 to Attachment 3.1-B, p. 17 Supplement 1 to Attachment 3.1-B, p. 26	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable) Attachment 3.1-A, p. 8 Supplement 1 to Attachment 3.1A, p. 18 Supplement 1 to Attachment 3.1-A, p. 27 Supplement 1 to Attachment 3.1-B, p. 17 Supplement 1 to Attachment 3.1-B, p. 26

10. SUBJECT OF AMENDMENT:


Tobacco Cessation Services for Pregnant Women and Children

11. GOVERNOR'S REVIEW (Check One)

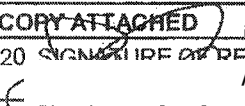
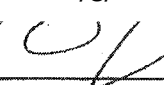
☐ GOVERNOR'S OFFICE REPORTED NO COMMENT
☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED
☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

☒ OTHER, AS SPECIFIED:

Bill Number: B20-199

12. SIGNATURE OF STATE AGENCY OFFICIAL 	16. RETURN TO Linda Elam, Ph.D., M.P.H. Senior Deputy Director/Medicaid Director Department of Health Care Finance 899 N. Capitol Street NE, Sixth Fl. Washington, DC 20002
13. TYPED NAME Linda Elam, Ph.D., M.P.H.	
14. TITLE Senior Deputy Director/Medicaid Director	
15. DATE SUBMITTED November 8, 2013	

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED NOV 07 2013	18. DATE APPROVED FEB 04 2014
PLAN APPROVED - ONE COPY ATTACHED	
19. EFFECTIVE DATE OF APPROVED MATERIAL OCT 01 2013	20. SIGNATURE OF REGIONAL OFFICIAL 
21. TYPED NAME Francis T. McCullough	22. TITLE 

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: District of Columbia

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

19. Case management services and Tuberculosis related services

a. Case management services as defined in, and to the group specified in, Supplement 1 to ATTACHMENT 3.1-A (in accordance with section 1905(a)(19) or section 1915(g) of the Act).

☒ Provided: ☒ With limitations*

☐ Not provided.

b. Special tuberculosis (TB) related services under section 1902(z)(2)(F) of the Act.

☒ Provided: ☒ With limitations*

☐ Not provided.

20. Extended services for pregnant women

a. Pregnancy-related and postpartum services for a 60-day period after the pregnancy ends and any remaining days in the month in which the 60th day falls.

☒ Provided:

☐ Additional coverage ++

b. Services for any other medical conditions that may complicate pregnancy.

☒ Provided:

☐ Additional coverage ++

c. Face-to-Face Tobacco Cessation Counseling Services and Pharmacotherapy for Pregnant Women

☒ Provided: ☐ With limitations*

☐ Not provided.

++ Attached is a description of increases in covered services beyond limitations for all groups described in this attachment and/or any additional services provided to pregnant women only.

*Description provided on attachment.

12. Prescribed Drugs, Dentures and Prosthetic Devices and EyeglassesA. Prescribed Drugs

- 1) Prescribed drugs are limited to legend drugs approved as safe and effective by the Federal Food and Drug Administration and those over-the-counter medications which fall into the following categories:
 - a. Oral Analgesics;
 - b. Antacids;
 - c. Family planning drugs;
 - d. Prenatal vitamins and Fluoride; prescription pediatric multivitamins; single agent Vitamin B1, Vitamin B6, Vitamin B12, Vitamin D, ferrous sulfate, and folic acid products; and
 - e. Prescribed drugs for purposes of nursing homes pharmacy reimbursement shall not include over-the-counter medications.
- 2) Effective January 1, 2006, the Medicaid agency will not cover any Part D drug for full-benefit dual eligible individuals who are entitled to receive Medicare benefits under Part A or Part B.
- 3) The Medicaid agency provides coverage to the same extent that it provides coverage for all Medicaid recipients for the following excluded or otherwise restricted drugs or classes of drugs to full benefit dual eligible beneficiaries under the Medicare Prescription Drug Benefit – Part D.
 - a. Select agents when used for weight gain: Megestrol
 - b. Select prescription vitamins and mineral products, except prenatal vitamins and Fluoride, limited to; single agent Vitamin B1, Vitamin B6, Vitamin B12, Vitamin D, ferrous Sulfate, and folic acid products.
 - c. Select non-prescription drugs: Analgesics, Antacids
- 4) The District of Columbia will provide reimbursement for covered outpatient drugs when prescribed by an enrolled licensed provider with the scope of their license and practice as allowed by District law and in accordance with Section 1927 of the Social Security Act. This will apply to drugs of any manufacturer that has entered into a rebate agreement with the Centers for Medicare and Medicaid Services. All drugs covered by the National Drug Rebate Agreements remain available to Medicaid beneficiaries, although some may require prior authorization. The District has established a preferred drug list with prior authorization for drugs not included on the preferred drug list. The prior authorization process complies with the requirements of Section 1927 of the Social Security Act and provides for a 24-hour turnaround by either telephone or other telecommunications device from

20. Extended Services for Pregnant Women

- A. Pregnancy-related and postpartum services for 60 days after the pregnancy ends are provided with no limitations. The Department of Health will provide the full range of services available under the District of Columbia Medicaid State Plan, as long as the required medical service is pregnancy related.
- B. Services for any other medical condition that may complicate pregnancy are provided with no limitations. The Department of Health will provide the full range of services available under the District of Columbia Medicaid State Plan, as long as the required medical service is pregnancy related.
- C. Tobacco Cessation Services include face-to-face counseling and tobacco cessation pharmacotherapy, as recommended in Treating Tobacco Use and Dependence: 2008 Update: A Clinical Practice Guideline", published by Public Health Service in May 2008, or any subsequent modification of this Guideline. Tobacco cessation services are provided by a Medicaid-enrolled physician or an Advanced Practice Registered Nurse (APRN) under the supervision of a Medicaid-enrolled physician. A physician or APRN, licensed or certified pursuant to District of Columbia Health Occupations Revisions Act of 1985, effective March 25, 1986 (D.C. Law 6-99; D.C. Official Code §§ 3-1201 et seq. (2007 Repl.; 2011 Supp.)), shall prescribe products used for tobacco cessation pharmacotherapy. Cost Sharing is not imposed for Tobacco Cessation Services for pregnant women.

21. Ambulatory Prenatal Care for Pregnant Women Furnished During A Presumptive Eligibility Period by A Qualified Provider (in accordance with section 1920 of the Act) is provided.22. Respiratory Care Services (in accordance with section 1902(e)(9)(A) through (C) of the Act) are not provided for ventilator dependent individuals.23. Nurse practitioner services are provided in accordance with D.C. Law 10-247.

- A. The services of the nurse practitioner are subsumed under the broad category, Advanced Practice Registered Nursing which includes, but is not limited to, nurse midwife, nurse anesthetist, nurse practitioner and clinical nurse specialist.
- B. The services of the advanced practice registered nurse are to be carried out in general collaboration with a licensed health care provider.

24. Any Other Medical Care and Any Other Type of Remedial Care Recognized under State Law, Specified by the Secretary

- A. Transportation services are not discussed under this section of the state plan. See Attachment 3.1-D.
- B. Services of Christian Science Nurses are not provided.

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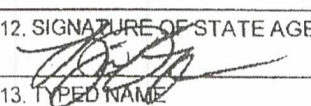
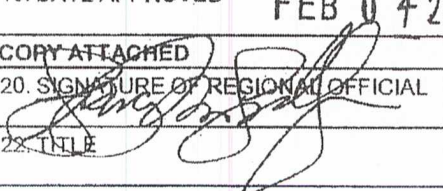
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11. GOVERNOR'S REVIEW (Check One) <input type="checkbox"/> GOVERNOR'S OFFICE REPORTED NO COMMENT <input type="checkbox"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED <input type="checkbox"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL <input checked="" type="checkbox"/> OTHER, AS SPECIFIED: Bill Number: B20-199			
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