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State/Territory Name: District of Columbia

State Plan Amendment (SPA) #: 17-001

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
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 # 021020174074

April 3, 2017

Claudia Schlosberg, J.D.
Senior Deputy Director/State Medicaid Director
Department of Health Care Finance
441 4th Street, N.W., Suite 900 South
Washington, D.C. 20001

Dear Ms. Schlosberg:

I am writing to inform you that we have reviewed the District of Columbia's State Plan Amendment (SPA) #17-001 entitled, Personal Care Aide (PCA) Services Scope of Services Technical Correction. This SPA proposes to clarify the scope of services available for individuals eligible for State Plan PCA services, under the SPA recently approved by CMS, SPA #15-007.

We are pleased to inform you that, after extensive review, this amendment is approved; its effective date is November 14, 2015. 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.

Sincerely,

A redacted signature consisting of several black rectangular boxes of varying sizes. A small "-04'00" is visible at the bottom right of the redaction.

Francis T. McCullough
Associate Regional Administrator

cc: Alice Weiss, DHC
Sabrina Tillman Boyd, CMS

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL		1. TRANSMITTAL NUMBER: 17-001	2. STATE District of Columbia
FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES		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 November 14, 2015	
5. TYPE OF PLAN MATERIAL (Check One): <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 (Separate Transmittal for each amendment)			
6. FEDERAL STATUTE/REGULATION CITATION 42 C.F.R. § 440.167		7. FEDERAL BUDGET IMPACT N/A (technical correction)	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT Supplement 1 to Attachment 3.1A, Page 30 Supplement 1 to Attachment 3.1B, Page 29		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable) Supplement 1 to Attachment 3.1A, Page 30 Supplement 1 to Attachment 3.1B, Page 29	
10. SUBJECT OF AMENDMENT: Personal Care Aide (PCA) Services Scope of Services Technical Correction			
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 OTHER, AS SPECIFIED: Resolution Number: 21-158			
12. SIGNATURE OF STATE AGENCY OFFICIAL 		16. RETURN TO Claudia Schlosberg, J.D. Senior Deputy Director/Medicaid Director Department of Health Care Finance 441 4th Street, NW, 9th Floor, South Washington, DC 20001	
13. TYPED NAME: Claudia Schlosberg, JD			
14. TITLE: Senior Deputy Director/ Medicaid Director			
15. DATE SUBMITTED: February 9, 2017			
17. DATE RECEIVED February 9, 2017		FOR REGIONAL OFFICE USE ONLY 18. DATE APPROVED March 30, 2017	
PLAN APPROVED - ONE COPY ATTACHED			
19. EFFECTIVE DATE OF APPROVED MATERIAL November 14, 2015		20. SIGNATURE OF REGIONAL OFFICIAL 	
21. TYPED NAME Francis McCullough		22. TITLE Associate Regional Administrator	

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. A R.N. employed by DHCF or its agent shall conduct a face-to-face re-assessment of each person's need for the receipt of PCA services at least every twelve (12) months, or when there is a significant change in the person's condition. Any requests to conduct a re-assessment based upon a significant change in the person's condition may be made by the person seeking services, the person's representative, family member, or their physician or APRN.
7. DHCF may authorize the validity of the face-to-face reassessment for a period not to exceed eighteen (18) months to align the level of need assessment date with the Medicaid renewal date.
8. The twelve (12) month assessment and any re-assessment based upon a significant change in the person's condition shall be accompanied by an order for services signed by the person's physician or APRN.
9. DHCF, or its agent, will make a referral for services to the person's choice of qualified provider upon completion of the initial assessment determination that authorizes PCA services (PCA Service Authorization).

c. Scope of Services

1. PCA services are provided to individuals who require assistance with activities of daily living.
2. In order to receive Medicaid reimbursement, PCA services shall include, but not be limited to, the following:
 - (a) Cueing or hands-on assistance with performance of routine activities of daily living (such as bathing, transferring, toileting, dressing, feeding, and maintaining bowel and bladder control);
 - b) Assisting with incontinence, including bed pan use, changing urinary drainage bags, changing protective underwear, and monitoring urine input and output;
 - (c) Assisting persons with transfer, ambulation and range of motion exercises;

3. A R.N. 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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