

## **Table of Contents**

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

**State Plan Amendment (SPA) #: 18-002**

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  
801 Market Street, Suite 9400  
Philadelphia, Pennsylvania 19107-3134



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

---

SWIFT # 062720184143

**August 9, 2018**

Angelique Martin  
Interim Senior Deputy Director/State 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 Ms. Martin:

I am writing to inform you that we have reviewed the District of Columbia's State Plan Amendment (SPA) 18-002 entitled, Dental Services Fee Schedule Rates. This amendment will update the District's Medicaid State Plan to include a reference to the District's Dental Services Fee Schedule effective June 1, 2018.

We are pleased to inform you that, after extensive review, this amendment is approved; its effective date is June 1, 2018. 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](mailto:Frankeena.Wright@cms.hhs.gov).

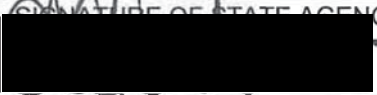
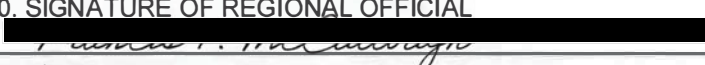
Sincerely,

A large black rectangular redaction box covering the signature of Francis T. McCullough.

Francis T. McCullough  
Associate Regional Administrator

Enclosures

cc: Alice Weiss, DHCF  
Sabrina Tillman Boyd, CMS

<b>TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL</b>		1. TRANSMITTAL NUMBER: <b>18-002</b>	2. STATE: <b>District of Columbia</b>
<b>FOR: CENTERS FOR MEDICARE &amp; MEDICAID SERVICES</b>		3. PROGRAM IDENTIFICATION: <b>Title XIX of the Social Security Act</b>	
TO: Regional Administrator Centers for Medicare & Medicaid Services Department of Health and Human Services		4. PROPOSED EFFECTIVE DATE: <b>June 1, 2018</b>	
5. TYPE OF PLAN MATERIAL ( <i>Check One</i> ):  <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 ( <i>Separate Transmittal for each amendment</i> )			
6. FEDERAL STATUTE/REGULATION CITATION <b>Section 1905(a)(10) of the Social Security Act; 42 CFR §§440.100 and 447.201</b>		7. FEDERAL BUDGET IMPACT a. FFY 18: <b>\$0</b> b. FFY 19: <b>\$0</b>	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT <b>Attachment 4.19-B, Part I, page 13a</b>		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT ( <i>If Applicable</i> )  <b>New Page</b>	
10. SUBJECT OF AMENDMENT:  <b>Dental Services Fee Schedule Rates</b>			
11. GOVERNOR'S REVIEW ( <i>Check One</i> ) <input type="checkbox"/> GOVERNOR'S OFFICE REPORTED NO COMMENT <input checked="" type="checkbox"/> OTHER, AS SPECIFIED: <input type="checkbox"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED                      Resolution Number: <u>21-0817</u> <input type="checkbox"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL			
12. SIGNATURE OF STATE AGENCY OFFICIAL 		16. RETURN TO  <b>Angelique Martin</b> Deputy Director-Medicaid Finance Interim Senior Deputy Director/State 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>Angelique Martin</b>			
14. TITLE <b>Deputy Director-Medicaid Finance Interim Senior Deputy Director/State Medicaid Director</b>			
15. DATE SUBMITTED <b>June 25, 2018</b>			
<b>FOR REGIONAL OFFICE USE ONLY</b>			
17. DATE RECEIVED <b>June 25, 2018</b>		18. DATE APPROVED <b>August 9, 2018</b>	
<b>PLAN APPROVED – ONE COPY ATTACHED</b>			
19. EFFECTIVE DATE OF APPROVED MATERIAL <b>June 1, 2018</b>		20. SIGNATURE OF REGIONAL OFFICIAL 	
21. TYPED NAME <b>Francis T. McCullough</b>		22. TITLE <b>Associate Regional Administrator</b>	

- I. The DHCF fee schedule for dentist and orthodontist services, referenced at subparagraph iii.b. of paragraph 21. Fee-for-Service Providers, was set as of June 1, 2018 and is effective for services provided on or after that date.