

## **Table of Contents**

**State Name:** District of Columbia

**State Plan Amendment (SPA) #:** 18-0012

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS 179 Form
- 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 # 121120184057

---

Melisa Byrd  
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. Byrd:

The Centers for Medicare & Medicaid Services (CMS) has completed its review of the District of Columbia's State Plan Amendment (SPA) 18-012, Reimbursement for Adult Substance Abuse Rehabilitation Services.

We are pleased to inform you that this SPA is approved with an effective date of November 17, 2018. Enclosed is a copy of the CMS Summary Page (CMS-179 form) and the approved State Plan pages.

If you have any further questions regarding this SPA, please contact Dan Belnap of my staff at 215-861-4273 or [dan.belnap@cms.hhs.gov](mailto:dan.belnap@cms.hhs.gov).

Sincerely,

/S/

Francis T. McCullough  
Associate Regional Administrator

Enclosures

cc: Eugene Simms, DHCF  
Sabrina Tillman Boyd, CMS  
Frankeena McGuire, CMS

<b>TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL</b>		1. TRANSMITTAL NUMBER: <b>18-012</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>November 17, 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:  42 CFR 440.130(d)		7. FEDERAL BUDGET IMPACT:  FFY19: <del>\$ 270,738.27</del> FFY20: <del>\$ 277,777.47</del>	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:  <b>Supplement 2 to Attachment 4.19-B: p 3</b>		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT ( <i>If Applicable</i> ):  <b>Supplement 2 to Attachment 4.19-B: p 3</b>	
10. SUBJECT OF AMENDMENT:  <b>Reimbursement for Adult Substance Abuse Rehabilitation Services</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 <b>D.C. Act: <u>22-434</u></b> <input type="checkbox"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL			
12. SIGNATURE OF STATE AGENCY OFFICIAL  		16. 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	
13. TYPED NAME  <b>Melisa Byrd</b>			
14. TITLE  <b>Senior Deputy Director/Medicaid Director</b>			
15. DATE SUBMITTED  <b>12/6/18</b>			
<b>FOR REGIONAL OFFICE USE ONLY</b>			
17. DATE RECEIVED      December 7, 2018		18. DATE APPROVED      December 17, 2018	
<b>PLAN APPROVED – ONE COPY ATTACHED</b>			
19. EFFECTIVE DATE OF APPROVED MATERIAL  November 17, 2018		20. SIGNATURE OF REGIONAL OFFICIAL      /S/	
21. TYPED NAME  Francis T. McCullough		22. TITLE  Associate Regional Administrator	

- E. The reimbursable unit of service for Short Term Medically Monitored Intensive Withdrawal Management (MMWIWM) shall be one (1) day.

The reimbursable unit of service for Medication Assisted Treatment shall be one (1) dose per day.

Except as otherwise noted in the plan, state-developed fee schedule rates are the same for both governmental and private providers of adult substance abuse rehabilitative services. The DHCF fee schedule is effective for service provided on or after November 17, 2018. All rates are published on the state agency's website at [www.dc-medicaid.com/dcwebportal/home](http://www.dc-medicaid.com/dcwebportal/home).